

Wisconsin Department of Corrections

Governor Scott Walker | Secretary Jon E. Litscher

Office of Detention Facilities

December 28, 2017

Sheriff Bradley G. Gehring Outagamie County Sheriff's Department 3030 E. Goodland Drive Appleton, WI 54911

RE: 2017 Outagamie County Jail Inspection

Dear Sheriff Gehring:

On October 3, 2017, the annual inspection of the Outagamie County Jail was conducted pursuant to Wisconsin State Statute 301.37(3). The inspection compared the facility and its operation to applicable state statutes and Department of Corrections Administrative Code, Chapter DOC 350. This report summarizes my findings, including any current initiatives and any statute or administrative code violations.

On the date of the inspection there were a total of 417 Adult inmates in custody within the facility. Of that total there were 10 ES Sanction inmates and 22 Safekeepers. In addition the day reporting center was supervising 15 inmates and 53 inmates were assigned to Global Positioning Supervision (G.P.S.).

Summary of Operational Changes and Initiatives

Operational Changes and Improvements:

- ➤ Instituted new hybrid 12 hour shift for Officers
- ➤ New steamer for the kitchen
- Licensed to play movies
- ➤ Mental Health hours increased by 4 hours per week
- > Bunk replacements
- > Sheets eliminated
- RN hours increased by 8 hours per week- dedicated to H&P's
- ➤ Photos added to GTL inmate messaging
- > Debit card or checks issued to inmates at release
- > OTC requests placed onto commissary
- ➤ Menu enhancement with Aramark
- ➤ Electronic request format added to inmate kiosks

- > PREA Certification- Audit completed in September
- > Tour system revamp
- ➤ Booking remodel scheduled/pending
- ➤ 3rd floor office space remodel scheduled/pending
- Requesting Protective Retirement for Correctional Officers / holding Brown County Safekeepers

Initiatives:

- Start a formal Reentry program
- JMS Conversion to Spillman
- Grievance Tracker through GTL
- Capture prints/photo after initial non-custody court appearance
- Add an additional video conference station
- Upgrading Northpoint JICS to Compas
- Requesting Protective Retirement for Correctional Officers
- Add an additional 12p 8A RN/LPN position seven days per week

Jail Operations

Programming:

Programming is currently provided by Criminal Justice Treatment Services (CJTS). Ellen Lutz has an office within the jail to assist with oversight. The following programs are coordinated by volunteer and offender services and are offered to the inmates:

- o Inmate Reintegration
- Affordable Health Care Act Information Group
- o AA/Al-Anon/NA
- o GED/HSED-Instruction & Test site
- o College Prep
- o Women's and Men's health
- o Employability
- o AODA
- o Religious programming by FVJM
- o Driver's License referral
- o Anger Management
- o Domestic Violence

- o Goodwill/Workforce Development
- o Grief/Loss group
- o Money Management
- o Personal Development
- o Recovery group
- o Stress/Depression
- o Aids Resource
- Women's Issues Harbor House
- Smart Choices
- o Thinking for Change
- Creative Writing
- Opioid overdose prevention

Recommendations & Observations

- * Holding/Intake Cells- The need for additional intake cells or areas is ongoing. Space needs in this area are desirable in order to maintain safety and security. Current use continues to be increasingly more for observation cells than in the past which places limits the intake space available. Repeat from prior inspection periods- This has been added to the list of current initiatives and is in the planning &construction stage- to be completed in 2018.
- ❖ Court Holding Pipe system tour buttons are being considered for this area and are supported as an additional means to record security rounds in that area.
- ❖ Overall Facility Maintenance As noted within the inspection document over the past several inspection periods the facility is in fair overall condition. Due to the age of the facility and high use there are increasing areas in need of ongoing repair. Jail administration's diligence in ongoing identification of needs and action plans for addressing continue to be supported.

On the date of the inspection there were **no violations of Administrative Code** found at the facility. Please extend my gratitude to Captain Dave Kiesner, Lt. Doug Verheyen and the remainder of the staff for their professionalism and for accommodating my inspection. The Correctional Division has a team of leadership in place that has done an outstanding job of identifying areas and current process in place that are in need of potential review and modification in some instances. They have continued to strive forward over the past several years and are continually tweaking the operation to meet current standards for good correctional practice. If you have any questions, or if I can assist you in any manner, please feel free to contact me.

The Outagamie County Jail is approved by the Department of Corrections for the detention of adult offenders with a maximum capacity of 535. This approval is contingent on the correction of any violations detailed above and continuing compliance with all applicable Wisconsin State Statutes and administrative codes.

Sincerely,

Nancy Thelen, Northeastern Region DOC-Office of Detention Facilities

Cc: Captain Dave Kiesner, Jail Administrator

Kristi Dietz, Director – ODF

Regional file

Nancy Shelen

CHAPTER DOC 350 INSPECTION DOCUMENT

| COU | NTY: | Outagamie | | | DA | ATE: 10/3/2017 |
|----------|------------|--|-------------------------|---|----------------------|--|
| | | · II | MN | ATE HOUSING AND CLASSIFICATI | 10 | |
| | | (3) (d) In jails that are construct at least 25 square feet of unen | | or substantially remodeled on or after Sep | oter | nber 1, 2014, double cells shall have a |
| | PLIANC | • | | RIFICATION | | |
| | 1 | eets standard | $\overline{\Box}$ | Policy and procedure manual review | П | Previous compliance documented |
| | 1 | eeds improvement | Ħ | Sample of facility records reviewed | ᅢ | Other (specify): |
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| | | ot reviewed | Ħ | Verbal confirmation by facility staff | | |
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| | | | | are constructed or substantially remodele | | |
| | | | | a of at least 70 square feet. NOTE: ODF re 1990, a cell shall have a floor area of at leas | | |
| | | • | - | • | ot o | 4 Square reet. |
| | PLIANC | | VEF | RIFICATION | | |
| | <u> </u> | eets standard | $\underline{\sqcup}$ | Policy and procedure manual review | | Previous compliance documented |
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| | | on-compliant | $\underline{\sqcup}$ | Sight confirmation by inspector | | |
| | | ot reviewed | Ш | Verbal confirmation by facility staff | | |
| | | • | rev | iously approved by the Office of Dete | nti | on Facilities. There are currently 130 |
| cells | that a | re double bunked. | | | | |
| | | | | | | |
| DOC: | 350.20 | Double celling. If approved by | y th | e department, the jail shall have policies ar | nd p | procedures relating to double celling. |
| DOC | 350.20 | (1) The county board and sher | iff s | hall determine jointly the adequate staffing | a ne | eeds, including support staff and services |
| that a | re requ | uired to ensure the health, safet | y aı | nd security of the jail staff and inmates who | en ı | using cells for double occupancy. The |
| | | | | ed by the representatives of the county bo | | |
| | | | | all remain in effect until rescinded or amer uate staff as agreed upon by the county bo | | |
| occur | _ | d and sherm. Offices there is a | ueq | date stair as agreed upon by the county be | Jai | a and sherm, double centing may not |
| | | | | | | |
| The w | | | | ard and Sheriff is on file with the departme | nt a | and contains the following elements: |
| | | County Board and Sheriff agree to staffing levels include security sta | | ie stated staffing levels nealth care staff, support and service staff and | l ad | ministrative staff |
| | | staffing pattern is detailed in the | | | au | minorative stan |
| • | | | | ves of the County Board and the Sheriff | | |
| | | | | | | |
| | PLIANC | | VEF | RIFICATION | _ | |
| | | eets standard | <u> </u> | Policy and procedure manual review | $\underline{\sqcup}$ | Previous compliance documented |
| <u>L</u> | | eeds improvement | $\underline{\boxtimes}$ | Sample of facility records reviewed | | Other (specify): |
| <u>L</u> | | on-compliant | | Sight confirmation by inspector | | |
| |] No | ot reviewed | \boxtimes | Verbal confirmation by facility staff | | |
| Comn | nents: | The current staffing agreem | ent | is from May 2016 and has been upda | ate | d to reflect current staffing needs. |
| | | 3 3 | | • | | • |

DOC-2744 (4/2015) DOC 350.20 (2) Inmates housed in the same cell shall have the same custody classification and be properly segregated as required under s. 302.36, Stats. COMPLIANCE **VERIFICATION** Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector Verbal confirmation by facility staff Not reviewed Comments: Review of housing areas on the date of the inspection - staff indicated all housing was occupied with same classification. DOC 350.20 (3) For male and female housing areas, at least one cell or 15% of the jail's total number of cells, whichever is greater, shall be maintained for single occupancy. **COMPLIANCE VERIFICATION** Meets standard Policy and procedure manual review Previous compliance documented Sample of facility records reviewed Needs improvement Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Current housing allows for this standard to be met. DOC 350.20 (4) Receiving cells may not be used for double occupancy. **COMPLIANCE** VERIFICATION Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Receiving cells are used for single occupancy only. DOC 350.21 Inmate classification. All jails shall meet the requirements set forth in s. 302.36 Stats. The sheriff shall establish and maintain an objective prisoner classification system to determine prisoner custody status and housing assignment, and develop eligibility criteria for prisoner participation in available work assignments, programs and community service projects. The jail shall have policies and procedures relating to classification. DOC 350.21 (1) Description of the objective prisoner classification system, including the identification and training of staff authorized to classify prisoners, initial classification and reclassification procedures and prisoner appeal process. DOC 350.21 (2) Eligibility criteria for prisoner participation in available work assignments, programs and community service projects. DOC 350.21 (3) Review of prisoner classification decisions. The jail has implemented an objective classification system based on point additive formula or decision tree forced choice or similar formalized mechanism for housing determination. A written policy is provided to all correctional staff detailing classification process. Policy clearly identifies personnel authorized to classify inmate housing assignments. Personnel assigned to complete inmate classification assignment receive formal training. A process is in place for supervising personnel to complete a secondary review of reclassification and appeals. Sufficient housing exists to meet classification guidelines to male and female inmates. Inmates housed in the same cell shall have the same security classification and be properly segregated as required in s. 302.36 Stats. **COMPLIANCE VERIFICATION** Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Sight confirmation by inspector Non-compliant Not reviewed Verbal confirmation by facility staff Comments: Classification is covered under Policy & Procedure 1M2 Classification.

The facility currently utilizes a comprehensive classification system to include face to face interviews and

reclassification capabilities through the use of Northpointe software. Inmates were properly segregated on the day of

inspection to include females.

SAFETY AND SECURITY PRACTICES

DOC 350.18 Security. The jail shall have policies and procedures relating to jail security.

- Portable communications and alarm systems are in good working condition
- Intercom and emergency notification devices are in good working order

DOC 350.18 (1) Inmate supervision. The jail shall have a system providing for well-being checks of inmates. Policies and procedures shall provide that all inmates are personally observed by jail security staff at staggered intervals not to exceed the following: (a) 60 minutes (b) 15 minutes for inmates housed on suicide watch.

- All inmates are personally observed during each physical inspection.
- In housing units of multiple cells, officers are encouraged to complete physical inspections from within the housing unit.

| observations. | A video monitoring system may be used to sup | opiement but not replace personal |
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| DOC 350.18 (3) Documentation. Each obse | | |
| | VERIFICATION | 7 |
| Meets standard | Policy and procedure manual review | Previous compliance documented |
| Needs improvement | Sample of facility records reviewed | Other (specify): |
| Non-compliant | Sight confirmation by inspector | |
| Not reviewed | Verbal confirmation by facility staff | |
| | der Policy and Procedure SC8 Inmate Acc | <u></u> _ |
| | cks are being completed approximately | minutes. This is an area that |
| | uard One Plus Timekeeper system is curr | |
| | al with regard to the importance for proper | |
| Additional buttons have been added to | the outside of units to capture that officer | ractivity as well. |
| DOC 350.18 (4) Inmate counts. Description documented at least three times per day, with the country of the coun | of the system for physically counting inmates. th a minimum of one count per shift. | Formal counts shall be completed and |
| COMPLIANCE | VERIFICATION | |
| Meets standard | Policy and procedure manual review | Previous compliance documented |
| Needs improvement | Sample of facility records reviewed | Other (specify): |
| Non-compliant | Sight confirmation by inspector | |
| Not reviewed | Verbal confirmation by facility staff | |
| · | nts are currently conducted. They are curriptions of procedures for conducting and docu | |
| COMPLIANCE | VERIFICATION | |
| Meets standard | Policy and procedure manual review | Previous compliance documented |
| Needs improvement | Sample of facility records reviewed | Other (specify): |
| Non-compliant | Sight confirmation by inspector | |
| Not reviewed | Verbal confirmation by facility staff | |
| searches are conducted system. Administration reviews this acreviewed for completeness and accura randomly as time permits between inmates. These searches are | ctivity and oversees completion. Document acy. There are currently housing searches | nted on the records management station of facility searches is randomly and commended when a cell is turned over hifts and are all documented on the |
| | | |

| DOC-2 | 2744 (4/2015) | | | | | | | | |
|----------------------------------|--|---------------------------|--|----------------|--|--|--|--|--|
| DOC 35 | | ons | of procedures for conducting and docume | nti | ng inmate pat down, strip and body cavity | | | | |
| COMPL | IANCE | √EF | RIFICATION | | | | | | |
| \square | Meets standard | | Policy and procedure manual review | X | Previous compliance documented | | | | |
| | Needs improvement | \boxtimes | Sample of facility records reviewed | | Other (specify): | | | | |
| | Non-compliant | | Sight confirmation by inspector | | | | | | |
| | | | | | | | | | |
| Comme | ents: Documentation is completed | l in | this area. | | | | | | |
| | The remote security controls of doors All manufacturing doors, locks and rel | wor and eas | | | | | | | |
| COMPL | | | RIFICATION | | | | | | |
| O WIFE | Meets standard | VER | | $\overline{}$ | Previous compliance documented | | | | |
| $-\frac{\square}{\square}$ | Needs improvement | $\overline{\mathbb{X}}$ | Policy and procedure manual review Sample of facility records reviewed | ╡ | Other (specify): | | | | |
| - | Non-compliant | $\frac{\bowtie}{\sqcap}$ | Sight confirmation by inspector | | Other (specify). | | | | |
| -H | Not reviewed | H | Verbal confirmation by facility staff | | | | | | |
| | | <u></u> | red under Policy and Procedue SC6 S | , | vurity Inchestions | | | | |
| that ar | re required are taken care of in a | tin | monthly basis by staff members who nely manner and documented regarding work orders. Oversight in this area | ng | when and who did the repair. The | | | | |
| (a) | All issued keys shall be inventoried ar | nd a ea a | and accessible in the event of an emergency | | | | | | |
| COMPL | IANCE | √EF | RIFICATION | | | | | | |
| | Meets standard | | Policy and procedure manual review | | Previous compliance documented | | | | |
| | Needs improvement | | Sample of facility records reviewed | | Other (specify): | | | | |
| | Non-compliant | | Sight confirmation by inspector | | | | | | |
| | Not reviewed | \boxtimes | Verbal confirmation by facility staff | | | | | | |
| watch DOC 35 | box is utilized by staff for access 50.18 (9) Weapons control. Introduc | s to | shift change on the JMS with regard to their keys. Key rings are also tamped, availability, control, inventory, storage an urity devices and specification of the level of | r re d u | esistant. use of firearms, chemical agents, | | | | |
| COMPL | IANCE | /FF | RIFICATION | | | | | | |
| | Meets standard | VLI | • | $\overline{1}$ | Provinus compliance decumented | | | | |
| $- \stackrel{\triangle}{\vdash}$ | | Η | Policy and procedure manual review Sample of facility records reviewed | ╡ | Previous compliance documented Other (specify): | | | | |
| ᅳH | Needs improvement | Η | | | Other (specify): | | | | |
| - | Non-compliant | $\frac{\square}{\square}$ | Sight confirmation by inspector | | | | | | |
| | Not reviewed | \triangle | Verbal confirmation by facility staff | | | | | | |
| Comme | ents: Reviewed with Administration | n. | | | | | | | |

| DOC 350.18 (10) Tools and sharps control. Introduction, availability, control, inventory, storage and use of tools and sharps within the facility. | | | | | | | | |
|--|--|------------------------|--|----------------|---|--|--|--|
| • | Documentation of the control and inventory is maintained | | | | | | | |
| COM | COMPLIANCE VERIFICATION | | | | | | | |
| | Meets standard | | Policy and procedure manual review | | Previous compliance documented | | | |
| | Needs improvement | | Sample of facility records reviewed | | Other (specify): | | | |
| | Non-compliant | | Sight confirmation by inspector | | | | | |
| | Not reviewed | \boxtimes | Verbal confirmation by facility staff | | | | | |
| Comn | nents: Reviewed with Administratio | n. | | | | | | |
| DOC all of | DOC 350.19 Fire Safety. The jail shall have policies and procedures relating to fire safety. DOC 350.19 (2) Each jail shall develop a fire safety policy in accordance with local fire department recommendations that addresses all of the following: a) Local fire department inspection requirements under sub. (5). b) Fire protection equipment location and maintenance. Each jail shall have and shall properly maintain fire alarms, smoke and thermal detectors, fire extinguishers and self-contained breathing apparatuses which operate for at least 30 minutes. • Fire extinguishers are properly maintained with recorded time and date of inspection. • Fire extinguishers are properly placed, secured and easily accessible to staff. • A fire extinguisher suitable for grease fires is provided in the kitchen. • Jail staff can demonstrate proficiency in the use of fire protection equipment. c) Training of staff in equipment use and the evacuation of inmates | | | | | | | |
| d | | trat | e the evacuation routes and policies of the jail | | | | | |
| COM | PLIANCE | /EF | RIFICATION | | | | | |
| | Meets standard | | Policy and procedure manual review | | Previous compliance documented | | | |
| | Needs improvement | \boxtimes | Sample of facility records reviewed | | Other (specify): | | | |
| | Non-compliant | | Sight confirmation by inspector | | | | | |
| | Not reviewed | \boxtimes | Verbal confirmation by facility staff | | | | | |
| inspe Polic Adm | ection tags and were up to date at ies and Procedures are in place: inistration is continuing to work with | the EF :h t | place: EP1 Alarms and Fires. Exting e time of the inspection. They are local 3/4 Area and Complete Evacuation/E the local fire department to review currual training on fire attack equipment. | ate me | ed securely and accessible to staff. ergency Relocation. Jail | | | |
| | | | d as part of the evacuation plan under sub. | (2) | (d) shall be posted in a conspicuous | | | |
| | for jail staff in the jail. | | | \ -, | ((a) | | | |
| COM | PLIANCE | /EF | RIFICATION | | | | | |
| | Meets standard | П | | \overline{X} | Previous compliance documented | | | |
| | Needs improvement | 一 | Sample of facility records reviewed | Ħ | Other (specify): | | | |
| | Non-compliant | $\overline{\boxtimes}$ | Sight confirmation by inspector | _ | (-1)/- | | | |
| | Not reviewed | | Verbal confirmation by facility staff | | | | | |
| Comn | nents: Fire evacuation routes are p | rop | perly posted throughout the facility. | | | | | |
| | DOC 350.19 (4) Fire safety evacuation and other procedures shall be practiced or simulated by all jail staff at least once every 12 months. Each practice or simulation shall be documented. | | | | | | | |
| COM | PLIANCE | /EF | RIFICATION | | | | | |
| | Meets standard | | Policy and procedure manual review | | Previous compliance documented | | | |
| | Needs improvement | $\overline{\boxtimes}$ | Sample of facility records reviewed | Ī | Other (specify): | | | |
| | Non-compliant | | Sight confirmation by inspector | _ | | | | |
| | Not reviewed | $\overline{\boxtimes}$ | Verbal confirmation by facility staff | | | | | |
| | nents: Fire drills were completed at training along with a search and | | e Spring 2017 inservice. Evacuation Recue simulations. | lou | utes and Staging was a part of this | | | |

| | | 50.19 (5) The facility shall be inspected ined. | ed k | by the local fire department at least once ev | /er | y 12 months and a record thereof shall be |
|----------------------------|---------------------------|--|-------------------------|---|-------------|---|
| | | The fire inspection report supports | s th | at the facility conforms to applicable fire safety | co | des. |
| CON | ИPL | IANCE V | /ER | RIFICATION | | |
| | \overline{X} | Meets standard | | Policy and procedure manual review | | Previous compliance documented |
| | | Needs improvement | $\overline{\boxtimes}$ | Sample of facility records reviewed | | Other (specify): |
| | | Non-compliant | | Sight confirmation by inspector | | |
| | | Not reviewed | | Verbal confirmation by facility staff | | |
| Com | nme | ents: Fire Department inspection v | vas | s completed on 3/28/2017 noting any | vio | lations as being corrected. |
| | | 50.19 (6) There shall be monthly inspetions shall be documented. | ect | ions of the facility to ensure compliance wi | th | safety and fire prevention standards. |
| CON | ИРL | IANCE V | /ER | RIFICATION | | |
| | X | Meets standard | | Policy and procedure manual review | | Previous compliance documented |
| | | Needs improvement | X | Sample of facility records reviewed | | Other (specify): |
| | | Non-compliant | | Sight confirmation by inspector | | |
| | | Not reviewed | | Verbal confirmation by facility staff | | |
| DOC prev inma Cor | C 35 ven ate por | 50.22 (1) Jail staff may use physical for t death or bodily injury to the staff me from the jail. Staff may use only the al punishment of inmates is forbidde | orc emb | e olicies and procedures for the use of force e against an inmate only if force is necessater, the inmate or someone else, unlawful dount of force reasonably necessary to achi | ary Ian | nage to property, or the escape of an |
| | | IANCE V | /ER | RIFICATION | | |
| | X_ | Meets standard | | Policy and procedure manual review | | Previous compliance documented |
| | | Needs improvement | $\underline{\boxtimes}$ | Sample of facility records reviewed | | Other (specify): |
| | | Non-compliant | | Sight confirmation by inspector | | |
| | | Not reviewed | \boxtimes | Verbal confirmation by facility staff | | |
| | | ents: Use of Force is covered und | | • | | |
| adm | nini | strator or the staff member's supervis | erv | d force to control an inmate or inmates sha describing the incident. The report shall in vise authorized by the sheriff or sheriff's de documented. | ncl | ude all known relevant facts and be |
| CON | ИРL | IANCE V | /ER | RIFICATION | | |
| | \overline{X} | Meets standard | | Policy and procedure manual review | \boxtimes | Previous compliance documented |
| Ī | Ť | Needs improvement | $\overline{\boxtimes}$ | Sample of facility records reviewed | Ť | Other (specify): |
| 市 | ┪ | Non-compliant | \exists | Sight confirmation by inspector | | |
| 市 | ┪ | | \overline{X} | Verbal confirmation by facility staff | | |
| Com | nme | ents: Use of Force is covered und | <u> </u> | | | |

Reports are required to be written and submitted to the Supervisor for review.

DOC-2744 (4/2015)

DOC 350.23 Use of restraints. The jail shall have policies and procedures governing the use of restraints and control devices.

DOC 350.23 (1) Restraint devices are never used as punishment and are not applied longer than necessary.

Inventories are conducted and documented.

DOC 350.23 (2) When an inmate is mechanically restrained for non-routine purposes, a written report must be completed by the end of the shift, unless otherwise authorized by the sheriff or sheriff's designee. Documentation shall include the reason for use, duration of use and corresponding wellness checks.

Supervisory review is conducted and documented

| COMPLIANCE | | | VERIFICATION | | | | |
|------------|-------------------|-------------|---------------------------------------|-------------|--------------------------------|--|--|
| | Meets standard | | Policy and procedure manual review | \boxtimes | Previous compliance documented | | |
| | Needs improvement | \boxtimes | Sample of facility records reviewed | | Other (specify): | | |
| | Non-compliant | | Sight confirmation by inspector | | | | |
| | Not reviewed | \boxtimes | Verbal confirmation by facility staff | | | | |
| | | | | | | | |

Comments: Use of Force is covered under Policy SC7.

Reports are required to be written and submitted to the Supervisor for review.

DOC 350.24 Discipline. The jail shall have policies and procedures outlining inmate discipline and due process.

DOC 350.24 (1) Inmates rules of behavior. Every jail shall have written rules of behavior for inmates. At the time of admission, each person shall be notified verbally of the existence of jail rules for inmate behavior and the potential disciplinary actions for violations of the rules. Each inmate shall be provided with a copy of the jail rules or copies of the rules shall be posted in conspicuous places in the jail.

DOC 350.24 (2) Discipline for minor violation. (See code for specific language.)

- (a) A minor discipline is a verbal or written reprimand, restriction of privileges or placement in disciplinary segregation for 24 hours or less.
- (b) Inmate is informed of violation, potential discipline and disciplinary procedures for minor violations.
- (c) Inmate has opportunity to make verbal statement about alleged violation to a staff member
- (d) Staff member may impose a minor discipline if found that violation occurred
- (e) Supervisor is informed of incident by staff member. If supervisor concludes violation is major, then it shall be handled in accordance with Sub. (3). If supervisor finds that no violation occurred, the inmate shall be notified that the charge has been dismissed.
- (f) Inmate is notified of right to appeal and of appeal procedure.
- (g) Information made part of inmate's file. If supervisor finds no violation occurred, the due process records shall reflect those findings.

DOC350.24 (3) Discipline for major violation. (See code for specific language.)

- (a) A major discipline is restriction of privileges for more than 24 hours, placement in solitary confinement for more than 24 hours in accordance with s. 302.40, Stats., loss of good time in accordance with s. 302.43, Stats., restrictions affecting Huber law privileges in accordance s. 303.08, Stats., or restrictions affecting work release in accordance with s. 303.065, Stats.
- (b) Written report to supervisor within 24 hours of incident
- (c) Inmate notification of charges and right to hearing 24 hours in advance of hearing.
- (d) Due process hearing within seven calendar days, unless inmate waives the right to a due process hearing.
 - 1. Impartial hearing officer or committee (not involved in incident)
 - 2. Inmate's right to be present at hearing, make a statement and present evidence. Reason for inmate's absence documented.
 - 3. Inmate's right to present witnesses. Reason for absence of witness documented.
 - 4. Inmate's right to staff advocate if inmate is illiterate or if issues are complex.
 - 5. Hearing officer may consider inmate's mental illness, developmental disability or other emotional or mental disability as a mitigating factor in imposing discipline.
 - 6. Written decision stating discipline administered. Copy to inmate.
 - 7. Inmate is notified of right to appeal and appeal procedure
 - 8. Incident information, discipline administered and decision shall be made part of inmate file. If found no violation occurred, the due process records shall reflect those findings.
- e) If inmate waives right to a due process hearing, violation shall be disposed of in accordance with procedures for minor violations. Major discipline may be imposed if relevant staff member finds a violation occurred. Waiver does not constitute an admission of the alleged violation.

350.24(4) Classification.

(a) An inmate may be evaluated for custody classification following the imposition of discipline.

| COMPLI | ANCE | VERIFICATION | | | | |
|-------------|-------------------|---|--|--|--|--|
| \boxtimes | Meets standard | Policy and procedure manual review Previous compliance documented | | | | |
| | Needs improvement | Sample of facility records reviewed Other (specify): | | | | |
| | Non-compliant | Sight confirmation by inspector | | | | |
| | Not reviewed | ∀erbal confirmation by facility staff | | | | |
| | | | | | | |

Comments: Discipline is covered under Policy IM4.

Inmate rules to include the disciplinary process are provided within the inmate handbook. Sergeants conduct the hearings, and further review by Lt. Verheyen is completed on incidents when necessary. Incident reports reviewed on the date of the inspection indicated proper documentation and procedural follow-through.

HEALTH CARE

DOC 350.13 Inmate health screening. The jail shall have policies and procedures for inmate health screening.

DOC 350.13 (1) Use of a health screening form that is developed in conjunction with health care professionals and is used at booking with each inmate to record information about medical, mental health and dental conditions, physical and developmental disabilities, alcohol or other drug abuse problems and suicide risk.

DOC 350.13 (2) Referrals to medical, mental health or supervisory staff in a timely manner in response to identified concerns. If urgent concerns are identified, the referral shall be immediate.

DOC 350.13 (3) Review of the health screening form by health care or other designated staff within 72 hours if non-urgent concerns are identified.

Review by health care provider is conducted and documented.

DOC 350.13 (4) Documentation of health screening results and subsequent review of the health screening form in an inmate's confidential file.

- Health screening forms are legible, accurate and complete, including detailed narratives when necessary.
- Health care professionals provided input into the content of the health screening form.
- The health screening form contains usable information relating to the inmate's medical condition, dental condition, medical disabilities, developmental disabilities, alcohol and other drug abuse and suicide risk.
- A health screening form is completed for each inmate booked into the facility.
- The health screening forms are reviewed for completeness, accuracy, legibility and the appropriateness of the decisions made regarding referral, housing, classification and other actions.
- The identity of the person completing the health screening form is documented.

| COMPLIANCE | VERIFICATION | | | | | |
|---|---|---|--|--|--|--|
| Meets standard | Policy and procedure manual review | Previous compliance documented | | | | |
| Needs improvement | Sample of facility records reviewed | Other (specify): | | | | |
| Non-compliant | Sight confirmation by inspector | | | | | |
| Not reviewed | Verbal confirmation by facility staff | | | | | |
| Comments: Health Care is covered under | er Policy and Procedure IS6 Inmate Healt | h Services. | | | | |
| Current health care services are provided by CCS through contracted services. Inmate request forms are utilized, as well as officer referral and health care staff referral. All requests for medical care are reviewed by health care staff, and documentation is completed and maintained in the inmate medical file. | | | | | | |
| DOC 350.13 (5) A health appraisal that is to be completed within 14 days after arrival at the facility unless a health appraisal has been completed by health care staff within the previous 90 days. The health appraisal shall be completed by health care staff in accordance with protocols established by the responsible physician. | | | | | | |
| completed by health care staff within the pr | evious 90 days. The health appraisal shall be c | | | | | |
| completed by health care staff within the privile with protocols established by the responsible complete. | evious 90 days. The health appraisal shall be c | | | | | |
| completed by health care staff within the privile with protocols established by the responsible complete. | evious 90 days. The health appraisal shall be cole physician. | | | | | |
| completed by health care staff within the privile with protocols established by the responsible COMPLIANCE | evious 90 days. The health appraisal shall be only ble physician. VERIFICATION | completed by health care staff in accordance | | | | |
| completed by health care staff within the privile with protocols established by the responsible COMPLIANCE Meets standard | evious 90 days. The health appraisal shall be only ble physician. VERIFICATION Policy and procedure manual review | ompleted by health care staff in accordance Previous compliance documented | | | | |
| completed by health care staff within the privile with protocols established by the responsible COMPLIANCE Meets standard Needs improvement | evious 90 days. The health appraisal shall be colle physician. VERIFICATION Policy and procedure manual review Sample of facility records reviewed | ompleted by health care staff in accordance Previous compliance documented | | | | |

DOC 350.14 Inmate health care. There shall be sufficient equipment, material, space and supplies for the performance of health care

Policy and procedure manual review

Sample of facility records reviewed

Verbal confirmation by facility staff

Sight confirmation by inspector

VERIFICATION

services in a confidential manner.

Meets standard

Non-compliant
Not reviewed

Needs improvement

COMPLIANCE

Previous compliance documented

Other (specify):

Comments:

| | 50.14 (1) The sheriff shall provides in custody. | le or sec | ure necessary medical and mental healt | h trea | ntment and emergency dental care for | | |
|--|--|-----------------------------|---|----------|---|--|--|
| : | Jail provides a specific form for inmates to request medical assessment or treatment. All inmate requests for medical care are reviewed by health care staff. The dispositions of the inmate medical requests are documented by health care staff members. | | | | | | |
| COMP | LIANCE | VER | IFICATION | | | | |
| \boxtimes | Meets standard | | Policy and procedure manual review | | Previous compliance documented | | |
| | Needs improvement | $\overline{\boxtimes}$ | Sample of facility records reviewed | | Other (specify): | | |
| | Non-compliant | | Sight confirmation by inspector | | | | |
| | Not reviewed | \boxtimes | Verbal confirmation by facility staff | | | | |
| Comm | ents: Request forms are utilize | ed and | documentation completed to includ | e dis | position. | | |
| compli | ance shall be maintained at the | | npliance with state and federal licensur | e cert | ification and registration. Verification of | | |
| COMP | LIANCE | VER | IFICATION | | | | |
| \boxtimes | Meets standard | | Policy and procedure manual review | | Previous compliance documented | | |
| | Needs improvement | \boxtimes | Sample of facility records reviewed | | Other (specify): | | |
| | Non-compliant | | Sight confirmation by inspector | | | | |
| | Not reviewed | \boxtimes | Verbal confirmation by facility staff | | | | |
| date. | · | | formation reviewed on the date of temperate from other records and shall be | | nspection was maintained and up to | | |
| accord | lance with s. 146.81 to s. 146.83, Medical record accessibility is lim | Stats., and the mitted to m | nd any other applicable state or federal edical staff, the jail administrator and the a | laws. | | | |
| | LIANCE | VER | IFICATION | | | | |
| | Meets standard | | Policy and procedure manual review | <u> </u> | Previous compliance documented | | |
| <u> </u> | Needs improvement | | Sample of facility records reviewed | | Other (specify): | | |
| <u> </u> _ | Non-compliant | | Sight confirmation by inspector | | | | |
| | Not reviewed | | Verbal confirmation by facility staff | | | | |
| Comments: Medical records are separate from the booking files and stored in a locked room within the HSU department. Records are available to the appropriate personnel. Adult and juvenile records are also kept separate. Medical information is also maintained within the electronic medical records software program and is reportedly working very well for the facility. DOC 350.14 (6) Officers shall receive documented annual training on health care policies and procedures, medications and health | | | | | | | |
| | ing at the time of admission. | | | | | | |
| | LIANCE | VER | IFICATION | | | | |
| | Meets standard | | Policy and procedure manual review | <u> </u> | Previous compliance documented | | |
| <u> </u> | Needs improvement | | Sample of facility records reviewed | | Other (specify): | | |
| <u>Ц</u> | Non-compliant | | Sight confirmation by inspector | | | | |
| | Not reviewed | \square | Verbal confirmation by facility staff | | | | |
| Comments: Officers received training in these areas during the 2017 Spring inservice. They will be implemented continually within their annual in-house training. | | | | | | | |

| | OC-2 | 2744 (4/2015) | | | | | |
|----------------|--|--|------------------------------|--|--|--|--|
| DO | C 3 | 50.15 Health care policy. The jail sha | II F | nave policies and procedures for inmate hea | alth care. | | |
| DO | C 3 | 50.15 (1) Documentation of health ref | err | als made or health care provided. | | | |
| DO | C 3 | 50.15 (2) Maintenance of documents | in a | an inmate's confidential file. | | | |
| CO | MPI | LIANCE | /EF | RIFICATION | | | |
| | X | Meets standard | | Policy and procedure manual review | Previous compliance documented | | |
| | | Needs improvement | \boxtimes | Sample of facility records reviewed | Other (specify): | | |
| | | Non-compliant | | Sight confirmation by inspector | | | |
| [| | Not reviewed | | Verbal confirmation by facility staff | | | |
| Cor | nme | ents: Spot check review on the da | te | of the inspection verified this practice. | | | |
| DO | 0.0 | 50.45 (0) Nomes addresses and talen | | | | | |
| | | 50.15 (3) Names, addresses and telep ency and routine health care services | | ne numbers of health care providers or age rinmates. | ncies who have agreed to provide | | |
| • | J. 9. | , | | | | | |
| | • | Contact information is available to staf | f. | | | | |
| CO | MPI | LIANCE \ | /EF | RIFICATION | | | |
| | X | Meets standard | | Policy and procedure manual review | Previous compliance documented | | |
| | | Needs improvement | | Sample of facility records reviewed | Other (specify): | | |
| | | Non-compliant | \boxtimes | Sight confirmation by inspector | | | |
| | | Not reviewed | \boxtimes | Verbal confirmation by facility staff | | | |
| Cor | nme | ents: | | | | | |
| | | | | | | | |
| DO | C 3 | 50.15 (4) Referral of an inmate to jail | hea | alth care staff or to other agencies that prov | ide health care. | | |
| | | Health care referrals are made and do | cur | mented. | | | |
| | • | Staff are knowledgeable about the hea | | | | | |
| CO | MPI | LIANCE | /EF | RIFICATION | | | |
| | X | Meets standard | | Policy and procedure manual review | Previous compliance documented | | |
| Ť | | Needs improvement | $\overline{\boxtimes}$ | Sample of facility records reviewed | Other (specify): | | |
| | Ħ | Non-compliant | Ī | Sight confirmation by inspector | <u> </u> | | |
| | | Not reviewed | $\overline{\boxtimes}$ | Verbal confirmation by facility staff | | | |
| Cor | nme | ents: Spot check review on the da | te | of the inspection verified this practice. | | | |
| _ | | | | | | | |
| DO | C 31 | 50 15 (5) Designation of staff who have | · · · | authority to make health care decisions, inc | cluding emergency medical and dental care. | | |
| D O. | C 3. | 30.13 (3) Designation of stan who have | V C (| authority to make health care decisions, inc | ndding emergency medical and dental care. | | |
| DO | C 3 | 50.15 (6) Non-emergency health care, | , in | cluding the use of an inmate's personal phy | /sician. | | |
| CO. | MDI | LIANCE \ | /E E | RIFICATION | | | |
| | X | | | | Dravious compliance decumented | | |
| <u>_</u> | 4 | Meets standard | $\frac{\sqcup}{\boxtimes}$ | Policy and procedure manual review | Previous compliance documented | | |
| <u>-</u> | ┽ | Needs improvement | $\stackrel{\square}{\vdash}$ | Sample of facility records reviewed | Other (specify): | | |
| <u></u> | = | Non-compliant Not reviewed | \boxtimes | Sight confirmation by inspector Verbal confirmation by facility staff | | | |
| | | | <u> </u> | · · · · · · · · · · · · · · · · · · · | | | |
| Con | nme | ents: Spot check review on the da | te | of the inspection verified this practice. | | | |
| DO | C 3 | 50.15 (7) Schedule of inmate access t | to r | outine medical care. | | | |
| _ • | | | | | | | |
| | • The schedule of inmate access to medical care is provided to inmates in writing via handbook, posted notice, inmate rule and regulation | | | | | | |
| | list, or other appropriate means. An alternative means for inmates to access medical care is provided if the inmates are unable to read or write. | | | | | | |
| | יכוו | | | • | madio to road of write. | | |
| | | | / E t | RIFICATION | Decidence committee and decidence and decide | | |
| | <u>X</u> | Meets standard | | Policy and procedure manual review | Previous compliance documented | | |
| _ | 4 | Needs improvement | $\stackrel{\square}{\vdash}$ | Sample of facility records reviewed | Other (specify): | | |
| <u> </u> | \dashv | Non-compliant Not reviewed | \square | Sight confirmation by inspector Verbal confirmation by facility staff | | | |

| Comments: The | his facility | provides 24/7 | 7 medical | coverage. |
|---------------|--------------|---------------|-----------|-----------|
| | | | | |

| DO | С 3 | 50.15 (8) Provision for inmates | with chr | onic medical conditions. | |
|-------------|-----------------------------|---------------------------------|-------------|---|--|
| CON | ИP | LIANCE | VEF | RIFICATION | |
| | \overline{X} | Meets standard | | Policy and procedure manual review | Previous compliance documented |
| | i | Needs improvement | | Sample of facility records reviewed | Other (specify): |
| | T | Non-compliant | | Sight confirmation by inspector | |
| | Ħ | Not reviewed | | Verbal confirmation by facility staff | |
| Con | nm | ents: Spot check review on | | of the inspection verified this practice | |
| | | | | | |
| DO | 3 | 50.15 (9) Procedure for proces | sing inma | ate medical requests on a daily basis. | |
| | | Inmate medical requests are de | ocumented | d on an official medical request form. | |
| | | | | re retained in inmate's confidential medical file |). |
| CO | MР | LIANCE | VEF | RIFICATION | |
| | \overline{X} | Meets standard | | Policy and procedure manual review | Previous compliance documented |
| | 7 | Needs improvement | | Sample of facility records reviewed | Other (specify): |
| <u></u> | ╡ | Non-compliant | | Sight confirmation by inspector | Other (specify). |
| | ╡ | Not reviewed | | Verbal confirmation by facility staff | |
| | | | | • • • | |
| Con | nm | ents: There is 24 hour medic | cai perso | onnel available at the facility. | |
| DO | ~ ~ | SEO 45 (40) Decompositorios in | ! | a's confidential modical file of our referre | Land identification of the comices musical |
| | | ing emergency services. | an inmate | e's confidential medical file of any referra | I and identification of the services provided, |
| | | ing emergency eer rices. | | | |
| | • | Health care services provided | or refused | are documented in the inmate's confidential n | nedical file. |
| CON | ИP | LIANCE | VEF | RIFICATION | |
| | X | Meets standard | | Policy and procedure manual review | Previous compliance documented |
| Ī | j | Needs improvement | | Sample of facility records reviewed | Other (specify): |
| | Ħ | Non-compliant | | Sight confirmation by inspector | |
| | ╡ | Not reviewed | | Verbal confirmation by facility staff | |
| Con | | | | of the inspection verified this practice | |
| Con | 1111 | ents. Spot check review on | ine date | of the hispection verified this practice | • |
| DOG | 3 | 50 15 (11) Provision of special | diet if ord | dered by a qualified health care profession | al |
| | - | | alot ii ort | zorou sy a quamiou noutar outo protocolon | uii |
| | • | | | h care professional are documented in the inn | |
| | • | | ood servic | e providers, and correctional staff are notified | of special diets ordered by a qualified health |
| | | care professional. | | | |
| | | LIANCE | VEF | RIFICATION | |
| | $\underline{\underline{X}}$ | Meets standard | | Policy and procedure manual review | Previous compliance documented |
| | | Needs improvement | \boxtimes | Sample of facility records reviewed | Other (specify): |
| [| | Non-compliant | | Sight confirmation by inspector | |
| | | Not reviewed | \boxtimes | Verbal confirmation by facility staff | |
| Con | nm | ents: The current food servi | ce is pro | vided by a contract witih Aramark, and | d a registered dietician conducts |
| | | | | | mented communication occurs between |
| foo | d s | service and medical to prov | ide any s | special diets that are required or doctor | or ordered. No significant complaints |
| wei | re | received on the date of the | inspection | on with regard to food service. | |
| DOG | 2 3 | 50.15 (12) Pregnancy manager | nent. | | |
| | | | | | |
| | | LIANCE | VEF | RIFICATION | |
| | <u> </u> | Meets standard | | Policy and procedure manual review | Previous compliance documented |
| | | Needs improvement | \boxtimes | Sample of facility records reviewed | Other (specify): |
| | | Non-compliant | | Sight confirmation by inspector | |
| | _] | Not reviewed | \boxtimes | Verbal confirmation by facility staff | |

Comments: Spot check review on the date of the inspection verified this practice

| Com | inients. Spot check review on the | e date | or the inspection verified this practice. | | | |
|----------------------------|---|------------------------------|--|--|--|--|
| DOC | 350.15 (13) Maintenance of agreer | nents b | etween the jail and providers of health care | services. | | |
| CON | 1PLIANCE | VEF | RIFICATION | | | |
| Meets standard | | | Policy and procedure manual review | Previous compliance documented | | |
| | Needs improvement | | Sample of facility records reviewed | Other (specify): | | |
| | Non-compliant | | Sight confirmation by inspector | | | |
| | Not reviewed | | Verbal confirmation by facility staff | | | |
| Com | ments: Health Care is covered u | ınder F | Policy and Procedure IS6 Inmate Heal | th Services. | | |
| faci Nur is a hou | lity. Dr. is at the facility every o se Practitioner-Katrina Bracker lso currently contracted to prov | ther we , 3x/we ide 60 | | Coordinator supervision and 18 hrs. of tilized through Northstar Dental. CCS s. by Josette Smith and 16 additional | | |
| | 350.15 (14) Use of health transfer | summa | ry form under s. 302.388 (2). Stats. | | | |
| | consin State Statute 302.388 Prisor | | | | | |
| | HEALTH SUMMARY FORM. | | | | | |
| (b) (bm) | (a) The department shall provide each jailer a standardized form for recording the medical conditions and history of prisoners being transferred to the department or another county's jail. Except as provided in pars. (b) and (bm), jail medical staff shall complete the form and provide it to the receiving institution intake staff at the time of each such transfer. | | | | | |
| | MPLIANCE | VEF | RIFICATION | | | |
| | Meets standard | | Policy and procedure manual review | Previous compliance documented | | |
| | Needs improvement | | Sample of facility records reviewed | Other (specify): | | |
| | Non-compliant | | Sight confirmation by inspector | | | |
| | Not reviewed | \boxtimes | Verbal confirmation by facility staff | | | |
| Com | ments: This is reportedly workin | g very | well. | | | |

DOC-2744 (4/2015) DOC 350.15 (15) Communicable disease and infection control. Policies and procedures relating to communicable disease and infection control shall contain all of the following components: (a) Provision of treatment and supervision of inmates during isolation or quarantine under s. 252.06(6)(b), Stats. (b) Documentation of the need for isolation or quarantine under s. 252.06(6)(b), Stats., in the inmate's confidential medical file. (c) Provision of laboratory screening for inmates who may have been exposed to a communicable disease if ordered by medical personnel. (d) Provision for handling bio-hazardous waste and decontaminating medical and dental equipment in accordance with regulations. **COMPLIANCE VERIFICATION** Policy and procedure manual review Previous compliance documented Meets standard Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: DOC 350.15 (16) Detoxification and management of intoxicated inmates. Appropriate housing and supervision is provided. **COMPLIANCE VERIFICATION** Meets standard Policy and procedure manual review Previous compliance documented Sample of facility records reviewed Needs improvement Other (specify): Sight confirmation by inspector Non-compliant Not reviewed Verbal confirmation by facility staff Comments: Protocols are in place. DOC 350.16 Control and administration of medications. The jail shall have policies and procedures relating to the control, delivery and administration of prescription and non-prescription medications. DOC 350.16 (1) A qualified health care professional shall prescribe medications and order treatments. **COMPLIANCE** VERIFICATION Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Sight confirmation by inspector Non-compliant Not reviewed Verbal confirmation by facility staff Comments: Spot check review on the date of the inspection verified this practice. DOC 350.16 (2) Designated trained staff may administer or deliver prescribed doses of medication at prescribed times. Annual documented training shall be provided to jail staff that deliver medications. **COMPLIANCE VERIFICATION** Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector Verbal confirmation by facility staff Not reviewed Comments: Medications are currently administered by HSU 2x per day unless otherwise ordered. After hours requirements are done through on-call approval by the Correctional Officers. Training is provided at basic correctional officer training and by the nursing personnel initial training. Annual training by health care professionals is also completed- 2017 was provided at the spring officer inservice. All training is documented.

| necessary. | | personnel that all medications brought in by | | | | |
|--|--------------|--|--|--|--|--|
| Verification of prescription medication | ı is p | performed by a health care provider or an appro | priately trained designee. | | | |
| COMPLIANCE | VEF | RIFICATION | | | | |
| Meets standard | | Policy and procedure manual review | Previous compliance documented | | | |
| Needs improvement | \times | Sample of facility records reviewed | Other (specify): | | | |
| Non-compliant | | Sight confirmation by inspector | | | | |
| Not reviewed | \boxtimes | Verbal confirmation by facility staff | | | | |
| Comments: Spot check review on the da | ate | of the inspection verified this practice. | | | | |
| DOC 350.16 (4) All medications brought int | o th | ne jail shall be inventoried and placed in secu | ire storage. | | | |
| DOC 350.16 (5) Any medications kept at the | e jai | I shall be stored in a locked drug cabinet tha | t is not accessible to inmates. | | | |
| The storage of inmate medications m Medications that require refrigeration locked container stored in a refrigerat | are | kept in a separate, medical refrigerator, unless | the medications are secured in a separate, | | | |
| COMPLIANCE | VEF | RIFICATION | | | | |
| Meets standard | | Policy and procedure manual review | Previous compliance documented | | | |
| Needs improvement | | Sample of facility records reviewed | Other (specify): | | | |
| Non-compliant | \times | Sight confirmation by inspector | | | | |
| Not reviewed | \times | Verbal confirmation by facility staff | | | | |
| Comments: Spot check review on the da | | of the inspection verified this practice. rescription and nonprescription medications | to inmates. | | | |
| Personnel authorized to administer m | edio | cations are listed in the current policy and proce | | | | |
| Meets standard | | Policy and procedure manual review | Previous compliance documented | | | |
| Needs improvement | H | Sample of facility records reviewed | Other (specify): | | | |
| Non-compliant | | Sight confirmation by inspector | _ c.i.e. (epoony). | | | |
| Not reviewed | \boxtimes | Verbal confirmation by facility staff | | | | |
| Comments: Spot check review on the da | oto | • • • | | | | |
| Comments. Spot check review on the da | ale | or the inspection verified this practice. | | | | |
| who administered or delivered the medication DOC 350.16 (8) All refusals of recommended | ion, ed o | elivered to an inmate shall be documented and the date and time of administration or d r prescribed medications by an inmate shall dance with requirements of s. 302.384, Stats. | be documented. A health care | | | |
| All medication documentation is complete, accurate, and legible. The name of the pharmacist or qualified health care professional, the full (not abbreviated) name of the medication, the dosage and frequency, the date and time of administration or delivery, and any special instructions or comments are documented for each prescription medication. The medication administration and delivery records are reviewed by the health care provider and/or jail administrator or designee for completeness, accuracy, and legibility. There are no unexplained gaps in the documentation and inmate refusals of medication are clearly indicated and documented. | | | | | | |
| COMPLIANCE | VEF | RIFICATION | | | | |
| Meets standard | | Policy and procedure manual review | Previous compliance documented | | | |
| Needs improvement | X | Sample of facility records reviewed | Other (specify): | | | |
| Non-compliant | | Sight confirmation by inspector | | | | |
| Not reviewed | \boxtimes | Verbal confirmation by facility staff | | | | |
| Comments: EMR's were reviewed. Staff | 24 | • • • | | | | |
| Comments. Livily 3 Well Teviewed. Stall | au | visca the system is working well. | | | | |

DOC-2744 (4/2015)

DOC 350.16 (9) Return of an inmate's medication inventoried at admission.

DOC 350.16 (10) Inventory or disposal of unused medications upon the inmate's release or transfer.

- The return of an inmate's medication is documented.
- Unused medication is disposed of by a health care provider, transferred with the inmate, or returned to a pharmacy.
- Established protocols regarding the disposal of narcotic medications, including witness presence, are followed.
- Documentation of the disposition of the medication is retained in the inmate's medical file

| COMPLIANCE | | VERIFICATION | | | | |
|-----------------------------------|-------------------|---|--|--|--|--|
| \boxtimes | Meets standard | Policy and procedure manual review Previous compliance documented | | | | |
| | Needs improvement | Sample of facility records reviewed Other (specify): | | | | |
| | Non-compliant | Sight confirmation by inspector | | | | |
| | Not reviewed | ∀erbal confirmation by facility staff | | | | |
| Comments: Protocols are in place. | | | | | | |

| - | | 1 | -1 | LQ! | 49 | | 1 – - | 7 A 4 | L Q | \sim | |
|---|----|-----|----|-----|-----|----|-------|-------|-----|--------|----|
| | ĮΨ | Jel | | P14 | 100 | UF | 138 | • | • | U | N. |
| | | | | | | | | | | | |

DOC 350.17 Suicide prevention. The jail shall have policies and procedures relating to the supervision and housing of inmates who may be at risk of seriously injuring themselves.

| COMPLIA | ANCE | VERIFICATION | | | | | |
|---------|-------------------|---|--|--|--|--|--|
| | Meets standard | ☐ Policy and procedure manual review ☐ Previous compliance documented | | | | | |
| | Needs improvement | Sample of facility records reviewed Other (specify): | | | | | |
| | Non-compliant | Sight confirmation by inspector | | | | | |
| | Not reviewed | ∀erbal confirmation by facility staff | | | | | |
| | | | | | | | |

Comments: Policies that pertain to Mental Health are contained in OP9.

DOC 350.17 (1) Obtaining documented information from the arresting or transporting agency to assess an inmate's potential for suicide or self-harm.

| COMPLIANCE | | VERIFICATION | | | | |
|-------------|-------------------|---|--|--|--|--|
| \boxtimes | Meets standard | Policy and procedure manual review Previous compliance documented | | | | |
| | Needs improvement | Sample of facility records reviewed Other (specify): | | | | |
| | Non-compliant | Sight confirmation by inspector | | | | |
| | Not reviewed | Verbal confirmation by facility staff | | | | |

Comments: Intake form that is inclusive of self-harm indicators from arresting/transporting Officer is required.

DOC 350.17 (2) Intake screening of inmates that includes interview items and staff observation related to potential suicide risk.

- Intake screening is performed on each new inmate.
- The answers to all screening questions are documented.
- The screening form is legible, accurate, and complete, including detailed narratives when necessary.
- Appropriate follow-up questions are asked and answers recorded, when suicide risk is indicated.
- Medical or mental health care professionals review intake screening reports when risk is indicated.
- A secondary security review of intake screening reports for completeness, accuracy, legibility, consistency, appropriateness of housing assignments, appropriateness of classification and risk assessments is conducted.

| COMPLIANCE | | VERIFICATION | | | | |
|-------------|-------------------|--------------|---------------------------------------|--|--------------------------------|--|
| \boxtimes | Meets standard | | Policy and procedure manual review | | Previous compliance documented | |
| | Needs improvement | \boxtimes | Sample of facility records reviewed | | Other (specify): | |
| | Non-compliant | | Sight confirmation by inspector | | | |
| | Not reviewed | \boxtimes | Verbal confirmation by facility staff | | | |

Comments: HSU staff review the screening as soon as reasonable when available after booking is completed to decrease any potential liability. Nursing staff, as well as the Shift Supervisor, review all intake screening reports routinely. Follow-up questions and thorough documentation with proper review is essential in this area.

| | | 50.17 (3) Procedure for placement of ate on suicide watch shall include all | | inmate on suicide watch. Policies and pro the following components: | се | dures relating to the procedure for placing | |
|----------|---|---|-----------------------------------|---|----------|---|--|
| | a) Immediate notification to designated supervisory staff if an inmate is identified as a suicide risk. b) Designation of housing areas and security precautions for inmates who are placed on suicide watch. c) Description of monitoring procedures for inmates on suicide watch, including frequency and documentation of wellness checks. | | | | | | |
| COI | MPL | -IANCE V | /EF | RIFICATION | | | |
| | \overline{X} | Meets standard | | Policy and procedure manual review | | Previous compliance documented | |
| | | Needs improvement | Ħ | Sample of facility records reviewed | | Other (specify): | |
| Ť | Ħ | Non-compliant | Ħ | Sight confirmation by inspector | | outer (opposity). | |
| Ť | = | <u> </u> | \overline{X} | Verbal confirmation by facility staff | | | |
| Con | nme | ents: Reviewed with medical and | sec | | | | |
| DO | C 35 | 50.17 (4) Identification of trained pers | on | s who may assess an inmate's level of suic | id | e risk. | |
| COI | MPL | LIANCE √ | /EF | RIFICATION | | | |
| | \boxtimes | Meets standard | | Policy and procedure manual review | | Previous compliance documented | |
| | | Needs improvement | | Sample of facility records reviewed | | Other (specify): | |
| | | Non-compliant | | Sight confirmation by inspector | | | |
| | | Not reviewed | X | Verbal confirmation by facility staff | | | |
| | | ents: Correctional Officers have thal Health Professional. | e a | authority for placement, and review an | ıd | removal is done by a Qualified | |
| | | watch. Assessment by a qualified m | en | al health professionals within 12 hours of partial health professional shall be completed a palified mental health professional are documental. | as | soon as practicable. | |
| COI | MPL | LIANCE V | /EF | RIFICATION | | | |
| | \boxtimes | Meets standard | | Policy and procedure manual review | | Previous compliance documented | |
| | | Needs improvement | | Sample of facility records reviewed | | Other (specify): | |
| | | Non-compliant | | Sight confirmation by inspector | | | |
| | | Not reviewed | \boxtimes | Verbal confirmation by facility staff | | | |
| | | ents: Notification is made and doc al file. | um | nented. Assessment information is als | 0 | documented and maintained in the | |
| | | 50.17 (6) Identification of qualified mafter an on-site face-to-face assessme | | tal health professionals who are authorize | d t | o remove an inmate from a suicide watch | |
| COI | MPI | LIANCE V | /F F | RIFICATION | | | |
| | \overline{X} | Meets standard | | | \neg | Previous compliance documented | |
| <u>k</u> | \ | | 믐 | Policy and procedure manual review Sample of facility records reviewed | <u> </u> | | |
| | ┽ | Needs improvement | $\stackrel{	extsf{=}}{	extsf{=}}$ | | | Other (specify): | |
| | 4 | Non-compliant | | Sight confirmation by inspector | | | |
| | | Not reviewed ents: Mental Health personnel who authority. | o h | Verbal confirmation by facility staff wave authority for removal have been in | de | ntified as QMHP by the governing | |
| DO | 3 | | ion | between health care and jail personnel r | eg | arding the status of an inmate who is on | |
| | A clear and reliable means of communicating information between correctional staff members regarding inmates who are suicide risks is utilized. All communication between jail staff, administration, and medical/mental health care providers is documented, including names of those involved, summary of content of discussion, and actions taken. | | | | | | |
| COI | MPL | LIANCE V | /EF | RIFICATION | _ | | |
| | X | Meets standard | | Policy and procedure manual review | | Previous compliance documented | |
| | | Needs improvement | X | Sample of facility records reviewed | | Other (specify): | |
| | | Non-compliant | | Sight confirmation by inspector | | | |
| | | Not reviewed | $\overline{\boxtimes}$ | Verbal confirmation by facility staff | | | |

Comments: Forms and communication logs are utilized. Communication with in-house providers is reportedly excellent.

| DOC 350.17 (8) Intervention protocol during an apparent suicide attempt, including life-sustaining measures. | | | | | | | | |
|--|---|----------|---|------|--|--|--|--|
| | Staff demonstrate a working knowledge of first aid and emergency response measures. | | | | | | | |
| • | | | ective use of emergency response equipment. | | in an autorithin the most evaluation maried | | | |
| • | Staff received training on emergency response, including use of emergency response equipment within the past evaluation period. The actions taken in response to a suicide in progress or suicide threat are documented. | | | | | | | |
| СОМЕ | COMPLIANCE VERIFICATION | | | | | | | |
| X | Meets standard | | Policy and procedure manual review | | Previous compliance documented | | | |
| | Needs improvement | | Sample of facility records reviewed | | Other (specify): | | | |
| | Non-compliant | | Sight confirmation by inspector | | · · · · · · · · · · · · · · · · · · · | | | |
| | Not reviewed | X | Verbal confirmation by facility staff | | | | | |
| Comn | nents: Staff responded appropriatel | y١ | when asked about equipment location | ar | nd response procedures on the date | | | |
| of the | e inspection. Training in this area | is | completed annually and documented. | | | | | |
| DOC: | 350.17 (9) Identification of persons to I | Эе | notified in case of attempted or completed | sui | cides. | | | |
| COMF | PLIANCE \ | /EF | RIFICATION | | | | | |
| \boxtimes | Meets standard | | Policy and procedure manual review | | Previous compliance documented | | | |
| | Needs improvement | | Sample of facility records reviewed | | Other (specify): | | | |
| | Non-compliant | | Sight confirmation by inspector | | | | | |
| | Not reviewed | X | Verbal confirmation by facility staff | | | | | |
| Comn | nents: | | | | | | | |
| (k (c (c (e (f | a) Individual initiating the suicide watch. b) Date and time watch was initiated. c) Reason watch was initiated. d) Name of supervisor contacted. e) Date and time supervisor contacted.) Name, date, and time of referral to ment g) Written documentation from the mental Supervisory review of the relevant do | he | alth professional removing an inmate from a su | uici | de watch including name, date and time. | | | |
| COMF | PLIANCE \ | /EF | RIFICATION | | | | | |
| \boxtimes | Meets standard | | Policy and procedure manual review | | Previous compliance documented | | | |
| | Needs improvement | X | Sample of facility records reviewed | | Other (specify): | | | |
| | Non-compliant | | Sight confirmation by inspector | | | | | |
| | Not reviewed | | Verbal confirmation by facility staff | | | | | |
| Comn | nents: All information is included wi | thi | n the documentation on forms utilized | | | | | |
| DOC : | • | of | annual documented staff training regarding | g s | uicide prevention and identification of risk | | | |
| COM | PLIANCE \ | /EF | RIFICATION | | | | | |
| \boxtimes | Meets standard Policy and procedure manual review Previous compliance documented | | | | | | | |
| | Needs improvement | \times | Sample of facility records reviewed | | Other (specify): | | | |
| | Non-compliant | | Sight confirmation by inspector | | | | | |
| | Not reviewed | X | Verbal confirmation by facility staff | | | | | |
| | | | is currently provided annually to staff r 7 training was provided at the spring in | | | | | |

| DOC-2744 (4/2015) | | | | |
|---|---|--|-------------------------|---|
| DOC 350.17 (12) Access by staff to debrief | fing | and support services. | | |
| COMPLIANCE | VE | RIFICATION | | |
| Meets standard | | Policy and procedure manual review | | Previous compliance documented |
| Needs improvement | $\overline{\mathbb{X}}$ | | П | Other (specify): |
| Non-compliant | Ť | Sight confirmation by inspector | | Care (op cony) |
| Not reviewed | $\overline{\nabla}$ | | | |
| Comments: Services are provided to sta | aff a | as well as inmates following an incide | nt. | |
| DOC 350.17 (13) Implementation of an ope | erati | onal review following a suicide or significa | nt s | uicide attempt. |
| COMPLIANCE | VE | RIFICATION | | |
| Meets standard | | Policy and procedure manual review | \boxtimes | Previous compliance documented |
| Needs improvement | | Sample of facility records reviewed | | Other (specify): |
| Non-compliant | | Sight confirmation by inspector | | |
| Not reviewed | \times | Verbal confirmation by facility staff | | |
| Comments: Internal review is completed | d. F | Reviewed with administration. | | |
| (b) Threatens the security and order of the (c) Inhibits a pending disciplinary investigation | ninis I in a al har ne jai gation | m to the inmate, another person or property. I. | | |
| | VE | RIFICATION | | |
| Meets standard | | Policy and procedure manual review | $\underline{\boxtimes}$ | Previous compliance documented |
| Needs improvement | | Sample of facility records reviewed | | Other (specify): |
| Non-compliant | <u>_</u> _ | Sight confirmation by inspector | | |
| Not reviewed | \succeq | Verbal confirmation by facility staff | | |
| Comments: Reviewed with Jail Adminis Administration. | strat | ion. All placements are documented | and | I reviewed by Supervisors and Jail |
| DOC 350.25 (2) A jail staff member shall i an inmate and the supervisor shall determ supervisor, a jail staff member may place placement decision within 24 hours. This re | nine e an | whether to place the inmate in administra inmate in administrative confinement. Th | tive e sta | confinement. In the absence of his or her aff member's supervisor shall review that |
| COMPLIANCE | VE | RIFICATION | | |
| Meets standard | | Policy and procedure manual review | \boxtimes | Previous compliance documented |
| Needs improvement | 卡 | Sample of facility records reviewed | ${\Box}$ | Other (specify): |
| Non-compliant | 十 | Sight confirmation by inspector | <u> </u> | Cario. (opoony). |
| Not reviewed | ${\nabla}$ | Verbal confirmation by facility staff | | |
| O La lail Administration is advise | | of all placements | | |

Comments: Jail Administration is advised of all placements.

| DOC 350.25 (3) An inmate's progress in administrative confinement shall be reviewed by a supervisor at least once every seven days. The supervisor shall determine when the inmate no longer presents a threat to the safety, security and order of the jail and may be released to the general population. Each review shall be documented. | | | | | | | |
|---|---|--|--|--|--|--|--|
| COMPLIANCE VERIFICATION | | | | | | | |
| Meets standard | Policy and procedure manual review | Previous compliance documented | | | | | |
| Needs improvement | Sample of facility records reviewed | Other (specify): | | | | | |
| Non-compliant | Sight confirmation by inspector | _ caller (opecary). | | | | | |
| Not reviewed | Verbal confirmation by facility staff | | | | | | |
| Comments: Forms utilized include review | signatures and progress. Cases are rev | viewed daily by Nurse and Staff | | | | | |
| Sergeants and weekly by Administration | n. All documentation is maintained in the | e inmate's file. | | | | | |
| DOC 350.25 (4) The reason an inmate is placed in administrative confinement and the length of time the inmate remains in administrative confinement shall be documented in the inmate's file. • The inmate is informed of the reasons and conditions of the inmate's Administrative Confinement. | | | | | | | |
| COMPLIANCE | 'ERIFICATION | | | | | | |
| Meets standard | Policy and procedure manual review | Previous compliance documented | | | | | |
| Needs improvement | Sample of facility records reviewed | Other (specify): | | | | | |
| Non-compliant | Sight confirmation by inspector | | | | | | |
| Not reviewed | Verbal confirmation by facility staff | | | | | | |
| RECORDS AND REPORTING DOC 350.10 Records and reporting. DOC 350.10 (1) Register of inmates. Each jail shall keep a register of all inmates. The register shall contain identifying information on each inmate, including name, residence, age, sex, race, court order, time and cause of placement and placing authority, and time of release and releasing authority. If an inmate escapes, the time and manner of the escape shall be recorded in the register. | | | | | | | |
| COMPLIANCE | 'ERIFICATION | | | | | | |
| Meets standard | Policy and procedure manual review | Previous compliance documented | | | | | |
| Needs improvement | Sample of facility records reviewed | Other (specify): | | | | | |
| Non-compliant | Sight confirmation by inspector | | | | | | |
| Not reviewed | Verbal confirmation by facility staff | | | | | | |
| Comments: Records are computerized and maintained with the current software system - Beacon Software Solution. DOC 350.10 (2) Storage of records. Records shall be kept in a secure area. Juvenile records shall be kept separate from adult records | | | | | | | |
| | nner in accordance with s. 938.396, Stats., and | any other applicable federal or state law. | | | | | |
| COMPLIANCE | ERIFICATION | | | | | | |
| Meets standard | Policy and procedure manual review | Previous compliance documented | | | | | |
| Needs improvement | Sample of facility records reviewed | Other (specify): | | | | | |
| Non-compliant | Sight confirmation by inspector | | | | | | |
| Not reviewed | Verbal confirmation by facility staff | | | | | | |
| Comments: Spot check review on the da | te of the inspection verified this practice. | | | | | | |

MAINTENANCE OF JAIL, SANITATION AND CARE OF PRISONERS

Wisconsin State Statute 302.37 Maintenance of jail and care of prisoners.

Wisconsin State Statute 302.37 (1) (a) The sheriff or other keeper of a jail shall constantly keep it clean and in a healthful condition and pay strict attention to the personal cleanliness of the prisoners and shall cause the clothing of each prisoner to be properly laundered. The sheriff or keeper shall furnish each prisoner with clean water, towels and bedding. The sheriff or keeper shall serve each prisoner 3 times daily with enough well-cooked, wholesome food. The county board shall prescribe an adequate diet for the prisoners in the county jail.

Wisconsin State Statute 302.37(3)(a) The county or municipality shall furnish its jail with necessary bedding, clothing, toilet facilities, light and heat for prisoners

Wisconsin State Statute 302.37 (4) The sheriff or other keeper of a jail may use without compensation the labor of any prisoner sentenced to actual confinement in the county jail or, with the prisoner's consent, any other prisoner in the maintaining of and the housekeeping of the jail, including the property on which it stands. Any prisoner who escapes while working on the grounds outside the jail enclosure shall be punished as provided in s. 946.42.

- A daily inspection is conducted by jail staff of housekeeping, sanitation, and physical plant maintenance.
- The jail is constantly clean and in a healthful condition.
- Inmate areas are free of graffiti, posters, wall coverings, etching, etc.
- All surfaces, equipment, and facilities are clean and in good repair.
- Air handling systems, including ventilation screens and covers, are clean, unobstructed, and in good working order.
- Inmate personal property allowed in the housing units is subject to limitations on volume and content.
- Inmates are held accountable for making the beds, cleaning the floors, cleaning the common bathroom facilities, properly storing
 property, and maintaining cleanliness and order in the housing units daily.
- Inmates and staff are held accountable for housekeeping and sanitation deficiencies.
- Identified maintenance needs are addressed in a timely manner.
- Hallways are free of clutter and obstructions.

| COMPLIANCE | | VERIFICATION | | | |
|-------------|-------------------|--------------|---------------------------------------|---|--------------------------------|
| \boxtimes | Meets standard | | Policy and procedure manual review | | Previous compliance documented |
| \boxtimes | Needs improvement | | Sample of facility records reviewed | | Other (specify): |
| | Non-compliant | | Sight confirmation by inspector | | |
| | Not reviewed | | Verbal confirmation by facility staff | • | |

Comments: The facility is in fair overall condition. Vents within the facility are in continual need of cleaning. Administration has been proactive by placing scheduled ongoing maintenance for this area. Showers also continue to be an area in need of ongoing attention. Staff inspect the facility on a daily basis during cell checks. Maintenance is at the facility on a regular basis and completes facility maintenance needs via scheduled routine and work orders via email. Staff are doing a good job of supervising inmates to eliminate excess personal property, improving housing units. Cleaning supplies are provided on a daily basis. Inmates are responsible to maintain cell areas in a clean manner or they will not be permitted to watch TV. Inmate workers are responsible to do laundry within the facility. On the date of the inspection the hallways were clear. (Ongoing from previous inspection persiods, facility age requires additional attention to problematic ares.)

| additional attention to problematic ares | s.) | | | | |
|--|---|--|--|--|--|
| DOC 350.12 Sanitation and Hygiene. The jail shall have policies and procedures relating to sanitation and hygiene. | | | | | |
| DOC 350.12 (1) Facilities are required to be | clean and in good repair. | | | | |
| COMPLIANCE \ | /ERIFICATION | | | | |
| Meets standard | Policy and procedure manual review Previous compliance documented | | | | |
| Needs improvement | Sample of facility records reviewed Other (specify): | | | | |
| Non-compliant | Sight confirmation by inspector | | | | |
| Not reviewed | Verbal confirmation by facility staff | | | | |
| O Due to facility and and use t | been are areas that are in model of anguing renair. It is Administration is according | | | | |

Comments: Due to facility age and use, there are areas that are in need of ongoing repair. Jail Administration is aware of the facility needs and has been doing a good job of identifying and project planning for budgetary allowances to repair and replace areas in need.

| חחר | TITLE (C) CHOOLO, PHION | | ess covers shall be changed and washe | | | |
|--------------|--|--|--|------------|--|-------|
| | 350.12 (4) Clean towels s | shall be issued to | each inmate twice a week. | | | |
| COM | 1PLIANCE | VER | RIFICATION | | | |
| \geq | Meets standard | | Policy and procedure manual review | | Previous compliance documented | |
| | Needs improvement | | Sample of facility records reviewed | | Other (specify): | |
| | Non-compliant | | Sight confirmation by inspector | | | |
| | Not reviewed | \boxtimes | Verbal confirmation by facility staff | | | |
| Com | ments: Laundry is cover | red under Polic | y and Procedure IS5 Laundry. She | eets- | if utilized, towels, uniforms and ot | ther |
| | | | er week. Blankets are laundered of | | | |
| | Ŭ | | | | • | |
| 200 | 05040 /5\ Matterson al | h a 11 h a manadala da | | 4 4! | . Fack | |
| | | | where there is a need for overnight de of, easy-to-sanitize material. Mattresse | | | |
| | | | I provide adequate bedding. Mattresse: | | | |
| | , | | | | | |
| | | | lows shall be provide evidence to the sl | heriff t | hat the products are fire retardant, | |
| wate | erproof, and easy to clean | • | | | | |
| ററ | 350.12 (7) Mattresses sh | all be of proper s | ize to fit the bed | | | |
| | | | | | | |
| | Marta eta aland | VER | RIFICATION | | Description of the second of t | |
| | | | Policy and procedure manual review | <u> </u> | Previous compliance documented | |
| L | Needs improvement | | Sample of facility records reviewed | Ш | Other (specify): | |
| | | | Sight confirmation by inspector | | | |
| Ē | Non-compliant | | , . | | | |
| | Not reviewed | | Verbal confirmation by facility staff | | | |
| Com | = | | , . | | | |
| Com | Not reviewed | | , . | | | |
| | Not reviewed ments: | | Verbal confirmation by facility staff | is a store | I with adoquate and appropriate plat | hina |
| DOC | Not reviewed ments: 350.12 (8) The sheriff s | shall provide an i | Verbal confirmation by facility staff | | | hing, |
| DOC | Not reviewed ments: 350.12 (8) The sheriff s | shall provide an i | Verbal confirmation by facility staff | | | hing, |
| DOC | Not reviewed ments: 350.12 (8) The sheriff s | shall provide an i | Verbal confirmation by facility staff | | | hing, |
| DOC | Not reviewed ments: 350.12 (8) The sheriff s uding footwear, for use wh | shall provide an i | Verbal confirmation by facility staff inmate whose clothing has been confirmation custody. Footwear shall be cleaned a | | | hing, |
| DOC inclu | Not reviewed ments: 350.12 (8) The sheriff s uding footwear, for use wh | shall provide an i | Verbal confirmation by facility staff Inmate whose clothing has been confirmation custody. Footwear shall be cleaned a | | nitized before reissue. | hing, |
| DOC inclu | Not reviewed ments: 350.12 (8) The sheriff suding footwear, for use what the mental standard | shall provide an i | Verbal confirmation by facility staff inmate whose clothing has been confirmate confirmation. Footwear shall be cleaned at the confirmation of th | | Previous compliance documented | hing, |
| DOC inclu | Not reviewed ments: 350.12 (8) The sheriff suding footwear, for use where the standard Meets standard Needs improvement | shall provide an inile the inmate is | Verbal confirmation by facility staff inmate whose clothing has been confirmation. Footwear shall be cleaned at RIFICATION Policy and procedure manual review Sample of facility records reviewed | | Previous compliance documented | hing, |
| DOC Inclu | Not reviewed ments: 350.12 (8) The sheriff suding footwear, for use where the standard of the | shall provide an inile the inmate is | Verbal confirmation by facility staff Inmate whose clothing has been confirmation. RIFICATION Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector | | Previous compliance documented | hing, |
| DOC inclu | Not reviewed ments: 350.12 (8) The sheriff s uding footwear, for use when MPLIANCE Meets standard Needs improvement Non-compliant | shall provide an inile the inmate is | Verbal confirmation by facility staff Inmate whose clothing has been confirmation. RIFICATION Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector | | Previous compliance documented | hing, |
| COM | Not reviewed ments: 350.12 (8) The sheriff suding footwear, for use what in the sheriff suding footwear in the sheriff sudi | shall provide an inite the inmate is | Verbal confirmation by facility staff Inmate whose clothing has been confirmation custody. Footwear shall be cleaned at RIFICATION Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff | and sa | Previous compliance documented Other (specify): | |
| DOC COM | Not reviewed ments: 350.12 (8) The sheriff suding footwear, for use what in the standard in t | shall provide an inite the inmate is | Verbal confirmation by facility staff Inmate whose clothing has been confirmation. RIFICATION Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector | and sa | Previous compliance documented Other (specify): | |
| COM Com | Not reviewed ments: 350.12 (8) The sheriff s uding footwear, for use whe MPLIANCE Meets standard Needs improvement Non-compliant Not reviewed ments: 350.12 (9) Laundry scheekly. | shall provide an inite the inmate is the initial that in the initial that in the initial that in the initial that is the initial that in the initial t | Verbal confirmation by facility staff Inmate whose clothing has been confirmation. RIFICATION Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff Ablished to meet daily needs. All issued | and sa | Previous compliance documented Other (specify): | |
| COM Com | Not reviewed ments: 350.12 (8) The sheriff suding footwear, for use what in the standard in t | shall provide an inite the inmate is the initial that in the initial that in the initial that in the initial that is the initial that in the initial t | Verbal confirmation by facility staff Inmate whose clothing has been confirmation custody. Footwear shall be cleaned at RIFICATION Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff | and sa | Previous compliance documented Other (specify): | |
| COM Com | Not reviewed ments: 350.12 (8) The sheriff suding footwear, for use what it is standard Neets standard Needs improvement Non-compliant Not reviewed ments: 350.12 (9) Laundry scheekly. | shall provide an inite the inmate is the initial that in the initial that in the initial that in the initial that is the initial that in the initial t | Verbal confirmation by facility staff Inmate whose clothing has been confirmation. RIFICATION Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff Ablished to meet daily needs. All issued | and sa | Previous compliance documented Other (specify): | |
| COM Com | Not reviewed ments: 350.12 (8) The sheriff suding footwear, for use what it is standard Neets standard Needs improvement Non-compliant Not reviewed ments: 350.12 (9) Laundry scheekly. | shall provide an inite the inmate is the initial that in the initial that in the initial that in the initial that is the initial that in the initial t | Verbal confirmation by facility staff Inmate whose clothing has been confirmation. RIFICATION Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff Ablished to meet daily needs. All issued | and sa | Previous compliance documented Other (specify): | |
| COM Com | Not reviewed ments: 350.12 (8) The sheriff s uding footwear, for use whe MPLIANCE Meets standard Needs improvement Non-compliant Not reviewed ments: 350.12 (9) Laundry scher kly. MPLIANCE Meets standard | shall provide an inite the inmate is the initial that in the initial that in the initial that in the initial that is the initial that in the initial t | Verbal confirmation by facility staff Inmate whose clothing has been confirmation. RIFICATION Policy and procedure manual review Sample of facility records reviewed Sight confirmation by inspector Verbal confirmation by facility staff Ablished to meet daily needs. All issued RIFICATION Policy and procedure manual review | and sa | Previous compliance documented Other (specify): allowed clothing items are laundered to the previous compliance documented | |

DOC-2744 (4/2015) DOC 350.12 (10) Vermin and pests are controlled with an effective, documented program. Containers of poisonous compounds used for exterminating rodents or insects shall be prominently and distinctly labeled for easy identification of contents. Poisonous compounds shall be stored independently and separately from food and kitchenware in a locked area not accessible to inmates. **COMPLIANCE VERIFICATION** Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: DOC 350.12 (11) After 24 hours, inmates shall be provided with towels and toilet articles sufficient for the maintenance of cleanliness and hygiene, including toothpaste and toothbrush, soap and comb. Basic feminine hygiene materials for females and toilet paper shall be provided to inmates upon request. There shall be no common use of toothbrushes, combs, shaving materials or feminine hygiene materials. **COMPLIANCE VERIFICATION** Previous compliance documented Meets standard Policy and procedure manual review Sample of facility records reviewed Needs improvement Other (specify): Non-compliant Sight confirmation by inspector Verbal confirmation by facility staff Not reviewed Comments: Inmate verification during the inspection process. DOC 350.12 (12) Inmates are provided cleaning materials daily. Tables used for common use and meals shall be kept sanitized. Door traps used for passing meals or other items shall be kept sanitized. **COMPLIANCE VERIFICATION** Policy and procedure manual review Meets standard Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Sight confirmation by inspector Non-compliant Not reviewed Verbal confirmation by facility staff Comments: Per inmate review this is being completed. DOC 350.12 (13) Safety and sanitation inspections of the jail are completed and documented at a minimum of once monthly. **COMPLIANCE VERIFICATION** Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Logs are maintained and reviewed. DOC 350.12 (14) Common use grooming tools are disinfected and cleaned before reissue and are stored in a secure area. **COMPLIANCE VERIFICATION** Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments:

| | -2744 (4/2013) | | | | |
|-------------|---|------------------------|---------------------------------------|-----------------|--|
| DOC 3 | 350.12 (15) Property storage co | ntainers s | hall be sanitized before reuse. | | |
| | Property storage containers ma | ay include l | pags, bins, totes and lockers. | | |
| COMF | PLIANCE | VER | IFICATION | | |
| \boxtimes | Meets standard | | Policy and procedure manual review | \boxtimes | Previous compliance documented |
| 一百 | Needs improvement | | Sample of facility records reviewed | 一百 | Other (specify): |
| | Non-compliant | | Sight confirmation by inspector | | |
| | Not reviewed | $\overline{\boxtimes}$ | Verbal confirmation by facility staff | | |
| Comm | nents: | | | | |
| DOC 3 | 350.12 (16) Trash is removed da | aily from a | ll dayrooms. | | |
| COMF | PLIANCE | VER | IFICATION | | |
| \boxtimes | Meets standard | | Policy and procedure manual review | | Previous compliance documented |
| | Needs improvement | | Sample of facility records reviewed | | Other (specify): |
| | Non-compliant | | Sight confirmation by inspector | | |
| | Not reviewed | \boxtimes | Verbal confirmation by facility staff | | |
| Comm | nents: Per inmate review this | is being | completed. | | |
| DOC 3 | 350.12 (17) Hazardous waste sh | all be disp | oosed of according to government regu | lations | S. |
| COMF | PLIANCE | VER | IFICATION | | |
| \boxtimes | Meets standard | | Policy and procedure manual review | \boxtimes | Previous compliance documented |
| | Needs improvement | | Sample of facility records reviewed | | Other (specify): |
| | Non-compliant | | Sight confirmation by inspector | | |
| | Not reviewed | \boxtimes | Verbal confirmation by facility staff | | |
| Comm | nents: | | | | |
| | | | | | |
| | | | INMATE SERVICES | | |
| | 350.26 Grievance Process. The ble to all inmates and includes | | | to an | inmate grievance process and ensure it is |
| | PLIANCE | | IFICATION | | |
| \boxtimes | Meets standard | | Policy and procedure manual review | | Previous compliance documented |
| | Needs improvement | | Sample of facility records reviewed | 一一 | Other (specify): |
| | Non-compliant | | Sight confirmation by inspector | | outer (opening). |
| 一百 | Not reviewed | X | Verbal confirmation by facility staff | | |
| Comm | nents: This is covered in Police | | | | |
| | 350.27 Legal Access. The jail s | shall have | policies and procedures to address in | nates | ' access to the courts, their attorneys, and |
| COMF | PLIANCE | VER | IFICATION | | |
| \boxtimes | Meets standard | \boxtimes | Policy and procedure manual review | | Previous compliance documented |
| | Needs improvement | \boxtimes | Sample of facility records reviewed | | Other (specify): |
| | Non-compliant | | Sight confirmation by inspector | | |
| | Not reviewed | \boxtimes | Verbal confirmation by facility staff | | |
| Comm | ents: This is covered in Police | cv IM5. L | ois Law is provided, there are curre | ently 4 | 4 computers available. |
| | | . , | and the provided, more and dark | - · · · · · · · | |
| | | | | | |
| | | | | | |
| | | | | | |

| DOC 350.28 Indigence. The jail shall have policies and procedures to address indigence. | |
|---|------------------------|
| DOC 350.28 (1) The jail shall establish definitions and procedures to define indigence. | |
| DOC 350.28 (2) Inmates' access to health care, programming and essential services is not precluded by inability to | o pay. |
| COMPLIANCE VERIFICATION | |
| Meets standard Policy and procedure manual review Previous compliance of | documented |
| ☐ Needs improvement ☐ Sample of facility records reviewed ☐ Other (specify): | |
| Non-compliant Sight confirmation by inspector | |
| Not reviewed Verbal confirmation by facility staff | |
| Comments: | |
| DOC 350.29 Mail. The jail shall have policies and procedures relating to written contact between inmates and the attorneys, the court system, government officials and others. DOC 350.29 (1) Provision for staff inspection and reading of non-privileged incoming and outgoing mail. | eir families, friends, |
| Staff demonstrate a working knowledge of the procedures for mail inspection. | |
| DOC 350.29 (2) Provision for the limited inspection of incoming and outgoing privileged mail. | |
| | |
| Staff demonstrate a working knowledge of the definition of privileged mail and the procedures for inspecting it. | |
| COMPLIANCE VERIFICATION | |
| Meets standard Policy and procedure manual review Previous compliance of | documented |
| Needs improvement Sample of facility records reviewed Other (specify): | |
| Non-compliant Sight confirmation by inspector | |
| Not reviewed Verbal confirmation by facility staff | |
| Comments: Mail is covered under Policy and Procedure IP3 Mail. | |
| All information is available in the inmate handbook. | |
| DOC 350.29 (3) Delivery of all non-privileged and approved privileged incoming mail. | |
| | |
| Inmate mail is delivered to inmates in a timely manner. | |
| COMPLIANCE VERIFICATION | |
| Meets standard Policy and procedure manual review Previous compliance of | betnembocumented |
| Needs improvement □ Sample of facility records reviewed □ Other (specify): | |
| Non-compliant Sight confirmation by inspector | |
| Not reviewed Verbal confirmation by facility staff | |
| Comments: Inmate verification during the inapection process. | |
| DOC 350.29 (4) Inventory and disposition of contraband items found in mail. Contraband items are inventoried and documented. Contraband is promptly turned over to supervisory staff. | |
| COMPLIANCE VERIFICATION | |
| Meets standard Policy and procedure manual review Previous compliance of | documented |
| Needs improvement Sample of facility records reviewed Other (specify): | |
| Non-compliant Sight confirmation by inspector | |
| Not reviewed Verbal confirmation by facility staff | |
| Comments: Procedure is for the OIC/Shift Supervisor-Sgt. to handle. | |

| DC | JC-2744 (4/2015) | | | | |
|--------------------|--|-------------------------|--|------------|--|
| DOC | C 350.29 (5) Provision of postage to inc | dige | nt inmates. | | |
| CON | MPLIANCE | VE | RIFICATION | | |
| | Meets standard | | Policy and procedure manual review | | Previous compliance documented |
| Ī | Needs improvement | | Sample of facility records reviewed | T | Other (specify): |
| Ī | Non-compliant | | Sight confirmation by inspector | | , (-p),· |
| Ī | Not reviewed | $\overline{\mathbb{X}}$ | | | |
| Con | nments: Indigent inmates are provid | led | 3 stamped envelopes per week for pe | rsc | onal mail and unlimited (within |
| rea | son) postage for legal mail. | | | | • |
| DOC | C 350.29 (6) Provision for notifying inm | ate | s when outgoing or incoming mail is withhe | eld. | |
| | | | and provided to the inmate when mail is confis | | |
| CON | MPLIANCE | VE | RIFICATION | | |
| | Meets standard | | Policy and procedure manual review | | Previous compliance documented |
| | Needs improvement | | Sample of facility records reviewed | | Other (specify): |
| | Non-compliant | | Sight confirmation by inspector | | |
| | Not reviewed | \times | Verbal confirmation by facility staff | | |
| Con | nments: A non-delivery form is utiliz | ed. | | | |
| DOC | C 350 30 Visitation. The iail shall have | noli | cies and procedures relating to visitation. | | |
| reas | sonable hours, as long as security and C 350.30 (2) Establishment of procedure | dail es f | | ed | |
| CON | MPLIANCE | VE | RIFICATION | | |
| | Meets standard | | Policy and procedure manual review | | Previous compliance documented |
| | Needs improvement | \times | Sample of facility records reviewed | | Other (specify): |
| | Non-compliant | | Sight confirmation by inspector | | |
| | Not reviewed | | Verbal confirmation by facility staff | | |
| Con | nments: Visitation is covered under | Pol | icy and Procedure IP6 Visitation. | | |
| req unli req | uired to choose who will be on the imited professional visitors. Instru | ir v ctio | ablished and are explained within the j sitation list. Visitation is based on cla- ns are provided in the jail rules. The s e inmate handbook and posted in the | ssi shi | ification, and they are allowed ft supervisor approves these |
| DO | C 350.30 (3) Documentation of all visits All non-iail staff members who enter | | ough a visitor log or register. ail are documented on the visitor's log or other | r ar | opropriate register |
| CO* | MPLIANCE | | RIFICATION | . u | |
| | | v E | | | Dravious compliance decumented |
| <u> </u> | | ┢ | Policy and procedure manual review | ┢ | Previous compliance documented |
| <u> </u> | Needs improvement | | Sample of facility records reviewed | <u> </u> | Other (specify): |
| <u> </u> | Non-compliant Not reviewed | \vdash | Sight confirmation by inspector Verbal confirmation by facility staff | | |
| | | <u> </u> | · · · · · · · · · · · · · · · · · · · | | Lating to the community of |
| (:on | nments: Pre-registration is required | ror | personal visits. All ID's are checked a | งทด | a sign in is completed. |

community is regionalized to required for percental victor 7 in 12 e aire checked and eight in the completed

| Offic | ce of Detention Facilities C-2744 (4/2015) | | | WISCONSIN |
|------------------|---|-------------|---|---|
| | 350.30 (4) Establishment of a search p | oli | cy of visitors and their possessions. | |
| | policies. | sub ion: | ject to strict guidelines regarding personal items | |
| СОМ | | | RIFICATION | |
| \triangleright | Meets standard | | Policy and procedure manual review | Previous compliance documented |
| | Needs improvement | | Sample of facility records reviewed | Other (specify): |
| | Non-compliant | | Sight confirmation by inspector | |
| | Not reviewed | X | Verbal confirmation by facility staff | |
| | ments: Reviewed with Administration 350.30 (5) Posting of visitation polici | | and procedures, including visitation schedu | le. in a place readily accessible to visitors |
| | nmates. | | The second control of | , |
| COM | PLIANCE | VEI | RIFICATION | |
| \triangleright | Meets standard | | Policy and procedure manual review | Previous compliance documented |
| | Needs improvement | | Sample of facility records reviewed | Other (specify): |
| | Non-compliant | \boxtimes | Sight confirmation by inspector | |
| | Not reviewed | | Verbal confirmation by facility staff | |
| Comi | ments: | | | |
| DOC | 350.30 (6) Establishment of a search p | oli | cy for inmates before and after each visit. | |
| СОМ | PLIANCE | VEI | RIFICATION | |
| \geq | Meets standard | | Policy and procedure manual review | Previous compliance documented |
| | Needs improvement | | Sample of facility records reviewed | Other (specify): |
| | Non-compliant | | Sight confirmation by inspector | |
| | Not reviewed | X | Verbal confirmation by facility staff | |
| Comi | ments: Reviewed with Administration | n. | | |
| DOC servi | | jail | shall have policies and procedures relating | to the provision of inmate programs and |
| DOC | 350.31 (1) Use of community resource | s, e | contract providers, and volunteers authorized | by the sheriff. |
| DOC | 350.31 (2) Notification to inmates of av | /ail | ability, eligibility, and schedules. | |
| DOC | 350.31 (3) Conducting criminal backgr | ou | nd checks on all volunteers, community reso | urces, and contract providers. |
| DOC | 350.31 (4) Orientation and training on | fac | ility operations for all volunteers. | |
| DOC | 350.31 (5) Educational programming | | or inmates who are under 18 years of age | consistent with the requirements of the |
| Depa | ertment of Public Instruction. | | | |
| COM | PLIANCE | VEI | RIFICATION | |
| \geq | Meets standard | | Policy and procedure manual review | Previous compliance documented |
| | Needs improvement | | Sample of facility records reviewed | Other (specify): |
| | Non-compliant | | Sight confirmation by inspector | |

Verbal confirmation by facility staff

Not reviewed

Comments: This is covered in Policy IP1.

| | | | shall have the opportunity to participate in I shall have policies and procedures relating | | | |
|----------------------------|--|-----------------------------|--|---------------|--------------------------------|--|
| DOC 3 | 350.32 (1) Identification of religious or | gar | nizations and clergy willing to conduct relig | iοι | is services in the facility. | |
| DOC 3 | | | chedule of religious services available in th | _ | | |
| COME | | | RIFICATION | 5 10 | religious services. | |
| | Meets standard | C C | | $\overline{}$ | Provinue compliance decumented | |
| $-\frac{\square}{\square}$ | Needs improvement | <u> </u> | Policy and procedure manual review Sample of facility records reviewed | ᅥ | Previous compliance documented | |
| 井 | Non-compliant | <u> </u> | Sight confirmation by inspector | | Other (specify): | |
| ㅡ片 | Not reviewed | $\frac{\square}{\boxtimes}$ | Verbal confirmation by facility staff | | | |
| | | | verbal confirmation by facility staff | | | |
| Comm | nents: This is covered in Policy IP1 | • | | | | |
| DOC 3 | | | that may be kept on an inmate's person or s are consistently applied throughout the jail. | in | the cell. | |
| | PLIANCE V | /EF | RIFICATION | | | |
| | Meets standard | | Policy and procedure manual review | \boxtimes | Previous compliance documented | |
| | Needs improvement | | Sample of facility records reviewed | | Other (specify): | |
| | Non-compliant | | Sight confirmation by inspector | | | |
| | Not reviewed Verbal confirmation by facility staff | | | | | |
| Comm | nents: | | | | | |
| DOC 3 | 350.32 (4) Conducting criminal background | oui | nd checks on members of a religious organ | iza | tion and clergy. | |
| COMF | PLIANCE V | /EF | RIFICATION | | | |
| | Meets standard | | Policy and procedure manual review | X | Previous compliance documented | |
| | Needs improvement | | Sample of facility records reviewed | | Other (specify): | |
| | Non-compliant | | Sight confirmation by inspector | | | |
| | Not reviewed | X | Verbal confirmation by facility staff | | | |
| Comm | nents: Reviewed with Administration | n. | | | | |
| • | 350.32 (5) Orientation and training on to Documentation of the orientation and v | /olu | Inteer agreement is on file. | | | |
| | PLIANCE V | /EF | RIFICATION | | | |
| | Meets standard | | Policy and procedure manual review | | Previous compliance documented | |
| | Needs improvement | \boxtimes | Sample of facility records reviewed | | Other (specify): | |
| | Non-compliant | | Sight confirmation by inspector | | | |
| | Not reviewed | \boxtimes | Verbal confirmation by facility staff | | | |
| Comm | nents: Reviewed with Administration | n. | | | | |

| | C-2744 (4/2015) 350 33 Pecreation The iail shall | l have polici | es and procedures relating to recreati | ion | |
|---------------|---|----------------|--|--------|--|
| | | | | 1011. | |
| DOC | 350.33 (1) Identification of the re | ecreational a | ctivities that are available. | | |
| DOC | 350.33 (2) Schedule of recreation | nal activities | | | |
| COM | PLIANCE | VERIFI | CATION | | |
| \geq | Meets standard | P | olicy and procedure manual review | | Previous compliance documented |
| | Needs improvement | | ample of facility records reviewed | | Other (specify): |
| | Non-compliant | | ght confirmation by inspector | | |
| | Not reviewed | | erbal confirmation by facility staff | | |
| Com | ments: Included within the jail | rules. | | | |
| | | | | | |
| DOC | 350.33 (3) When and where avai | lable, at leas | t one hour of daily exercise and recre | eatior | n is outside the cell or outdoors. |
| COM | PLIANCE | VERIFI | CATION | | |
| \geq | Meets standard | P | olicy and procedure manual review | | Previous compliance documented |
| | Needs improvement | s | ample of facility records reviewed | | Other (specify): |
| | Non-compliant | | ght confirmation by inspector | | |
| | Not reviewed | ⊠ V | erbal confirmation by facility staff | | |
| | • | | Each housing unit is scheduled d | | , , , , , , , , , , , , , , , , , , , |
| | • | ion is allow | ed twice per week in one hour in | crer | ments. Equipment with no moving |
| | s is provided. | | | | |
| DOC | 350.34 Publications. The jail sha | III have polic | ies and procedures relating to access | s to p | publications. |
| DOC | 350.34 (1) Provision of publicati | ons of gener | al interest for inmates such as books | s. nev | wspaners and magazines. |
| | cooler (i) i revision of publicut. | ono or gonor | | ,, | mopaporo ana magazinoo. |
| DOC | 350.34 (2) Identification of publi | cations that | are prohibited for inmates because th | neir c | ontent creates a security risk. |
| | Reading material restrictions ar | e nosted or o | therwise accessible to inmates | | |
| | reading material restrictions at | c posted or o | incrwise decessions to inflates. | | |
| DOC | 350.34 (3) Inspection of publicat | ions brough | t by visitors for inmates if the jail allo | ws v | risitors to bring in reading materials. |
| | There are limitations on the vol | ime of nersoi | nal reading materials that can be kept in | the h | nousing area, and these limitations are |
| | enforced consistently throughout | ut the jail. | | | rousing aroa, and aroos immadions aro |
| • | All reading materials allowed to | be brought in | by visitors are subject to search. | | |
| COM | PLIANCE | VERIFI | CATION | | |
| \geq | Meets standard | P | olicy and procedure manual review | | Previous compliance documented |
| | Needs improvement | s | ample of facility records reviewed | | Other (specify): |
| | Non-compliant | s | ght confirmation by inspector | | |
| | Not reviewed | ⊠ v | erbal confirmation by facility staff | | |
| Com | ments: Reviewed with Adminis | stration. | | | |
| | | | | | |
| DOC | 350.35 Canteen. The jail shall I | nave policies | and procedures for the establishme | ent ar | nd use of canteen, vending or other simila |
| servi | ces for inmates. | - | • | | |
| DOC | 350.35 (1) Canteen shall be mad | o available t | o oligible inmates | | |
| DOC | 330.33 (1) Canteen Shan be mad | e avallable ti | deligible illiliates. | | |
| DOC | 350.35 (2) Access to canteen ma | y be restrict | ed by the facility based upon inmate | class | sification or status. |
| СОМ | PLIANCE | VERIFI | CATION | | |
| $\overline{}$ | | | olicy and procedure manual review | | Previous compliance documented |
| | Needs improvement | | ample of facility records reviewed | | Other (specify): |
| | Non-compliant | | ght confirmation by inspector | | (-F). |
| | Not reviewed | | | | |
| | | 1/\I V | erbai commination by facility stail | | |
| Com | ments: Canteen is covered un | | erbal confirmation by facility staff | | |

is with Aramark.

| DOC 3 | 50.11 Food Service. The jail shall | have _l | FOOD SERVICE policies and procedures relating to food set | rvi | ce. |
|-------------------|---|------------------------|---|------|--|
| DOC 3 | 50.11 (1) The jail shall provide nuti | ritious | and quality food for all inmates. | | |
| | | | ualified nutritionist or dietician shall be com | ıpl | eted and maintained in the facility files. |
| | PLIANCE | | RIFICATION | | <u>, </u> |
| \boxtimes | Meets standard | | Policy and procedure manual review | | Previous compliance documented |
| $\overline{\Box}$ | Needs improvement | | Sample of facility records reviewed | ī | Other (specify): |
| Ī | Non-compliant | Ħ | Sight confirmation by inspector | | (-1 7) |
| | Not reviewed | $\overline{\boxtimes}$ | Verbal confirmation by facility staff | | |
| Comm | ents: All menu's are reviewed b | y an | Aramark Registered Dietician. | | |
| | 350.11 (3) An annual inspection of a nenting that the food service area n | | -production and service kitchens in a jail by health and safety codes. | / a | qualified, independent outside source |
| COMP | LIANCE | VEF | RIFICATION | | |
| \boxtimes | Meets standard | | Policy and procedure manual review | | Previous compliance documented |
| | Needs improvement | | Sample of facility records reviewed | | Other (specify): |
| | Non-compliant | | Sight confirmation by inspector | | |
| | Not reviewed | \boxtimes | Verbal confirmation by facility staff | | |
| Comm | ents: Outside inspection was co | mple | ted on 6/152017 by EcoSure with a 90 |)% | % rating. |
| DOC 3 | 50.11 (4) Internal monthly inspecti | on of | the food service area is completed and doc | un | nented. |
| COMP | LIANCE | VEF | RIFICATION | | |
| \boxtimes | Meets standard | | Policy and procedure manual review | | Previous compliance documented |
| | Needs improvement | \boxtimes | Sample of facility records reviewed | | Other (specify): |
| | Non-compliant | | Sight confirmation by inspector | | |
| | Not reviewed | | Verbal confirmation by facility staff | | |
| Comm | ents: Spot check review on the | date | of the inspection verified this practice. | | |
| | 550.11 (5) The kitchen area and all enented. | equipr | nent are maintained in a sanitary condition. | . F | Routine inspections are completed and |
| COMP | LIANCE | VEF | RIFICATION | | |
| | Meets standard | | Policy and procedure manual review | | Previous compliance documented |
| | Needs improvement | | Sample of facility records reviewed | | Other (specify): |
| | Non-compliant | | Sight confirmation by inspector | | |
| | Not reviewed | | Verbal confirmation by facility staff | | |
| clean prior i | ing. Hard to reach areas are s inspection periods, age of facili | omet ty ha | | e ir | n need of attention. Continuation from |
| | 350.11 (6) Three nutritious meals a y food service demands, provided | | ovided daily, two of which are hot. Variati nutritional goals are met. | on | ns may be allowed based on weekend and |
| COMP | LIANCE | VEF | RIFICATION | | |
| \boxtimes | Meets standard | | Policy and procedure manual review | | Previous compliance documented |
| | Needs improvement | \boxtimes | Sample of facility records reviewed | | Other (specify): |
| | Non-compliant | | Sight confirmation by inspector | | |
| | Not reviewed | \boxtimes | Verbal confirmation by facility staff | | |
| Comm | ents: Spot check review on the | date | of the inspection verified this practice. | | |

| DOC | :-2744 (4/2015) | | | | |
|-------------|---|------------------------|--|-------------|---|
| DOC | 350.11 (7) Food temperatures are | properly | y maintained. | | |
| • | Documentation of daily food prepocumentation of periodic servir | | | | |
| COM | PLIANCE | VER | RIFICATION | | |
| | Meets standard | П | Policy and procedure manual review | | Previous compliance documented |
| | Needs improvement | $\overline{\boxtimes}$ | Sample of facility records reviewed | | Other (specify): |
| | Non-compliant | | Sight confirmation by inspector | | , , , , |
| | Not reviewed | \boxtimes | Verbal confirmation by facility staff | | |
| Comn | nents: Spot check review on the | e date | of the inspection verified this practic | e. | |
| | | Food ite | ms are stored in appropriate locations a | | ened food packages are stored in airtight emperatures. |
| | PLIANCE | VER | RIFICATION | | |
| | Meets standard | | Policy and procedure manual review | | Previous compliance documented |
| | Needs improvement | | Sample of facility records reviewed | | Other (specify): |
| | Non-compliant | | Sight confirmation by inspector | | |
| | Not reviewed | \boxtimes | Verbal confirmation by facility staff | | |
| Comn | nents: Spot check review on the | e date | of the inspection verified this practic | e. | |
| • | 350.11 (9) Special diets are proving Documentation of special diet or PLIANCE | ders is m | rescribed by a qualified health care profe aintained. RIFICATION | essic | onal. |
| \boxtimes | Meets standard | | Policy and procedure manual review | \boxtimes | Previous compliance documented |
| | Needs improvement | \boxtimes | Sample of facility records reviewed | | Other (specify): |
| | Non-compliant | | Sight confirmation by inspector | | |
| | Not reviewed | \boxtimes | Verbal confirmation by facility staff | | |
| Comn | nents: Forms are utilized along | with JI | MS and communication is reportedly | vei | ry good with health services. |
| | provide a substitute from other | | | | Consistent with available resources, the jail The substitutions shall be consistent with |
| COM | PLIANCE | VER | RIFICATION | | |
| | Meets standard | | Policy and procedure manual review | | Previous compliance documented |
| | Needs improvement | | Sample of facility records reviewed | \boxtimes | Other (specify): |
| | Non-compliant | | Sight confirmation by inspector | | |
| | Not reviewed | \boxtimes | Verbal confirmation by facility staff | | |
| Comn | nents: Spot check review on th | e date | of the inspection verified this practic | e. | |

DOC-2744 (4/2015) DOC 350.11 (11) Inmates assigned to the kitchen who prepare or serve food shall bathe or shower daily and be provided a clean uniform. DOC 350.11 (12) No person who is known to be infected with any illnesses transmittable by food or utensils may be employed or work as a food handler in a facility. DOC 350.11 (13) All persons who work in food service areas shall wear clean garments and clean caps or hairnets and shall keep their hands clean at all times when engaged in the handling of food, drink, utensils or equipment. Particular attention shall be given to the cleaning of the fingernails. **COMPLIANCE VERIFICATION** Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Reviewed with Kitchen Management. DOC 350.11 (14) Inmate workers are provided orientation and training prior to assignment in the kitchen area. Documentation of orientation and training is maintained. **COMPLIANCE VERIFICATION** Meets standard Policy and procedure manual review Previous compliance documented Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Spot check review on the date of the inspection verified this practice. DOC 350.11 (15) Inmate workers are supervised throughout all aspects of food preparation and service. **COMPLIANCE VERIFICATION** Meets standard Policy and procedure manual review Previous compliance documented Sample of facility records reviewed Needs improvement Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: DOC 350.11 (16) Food and drink shall be protected from contamination. Meals are covered during transit to and within the facility. **COMPLIANCE VERIFICATION** Policy and procedure manual review Previous compliance documented Meets standard Needs improvement Sample of facility records reviewed Other (specify): Non-compliant Sight confirmation by inspector Not reviewed Verbal confirmation by facility staff Comments: Spot check review on the date of the inspection verified this practice. DOC 350.11 (17) Kitchen food storage and dishwashing equipment temperatures are routinely monitored and documented. **COMPLIANCE VERIFICATION** Policy and procedure manual review Previous compliance documented Meets standard Sample of facility records reviewed Needs improvement Other (specify): Non-compliant Sight confirmation by inspector Verbal confirmation by facility staff

Comments: Spot check review on the date of the inspection verified this practice.

Not reviewed

DEPARTMENT OF CORRECTIONS Office of Detention Facilities

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| staff | | | | | |
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| ewed Other (sp | pecify): | | | | |
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| staff | | | | | |
| nis practice. | | | | | |
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| sharps, tools and utensils | s at all times. | | | | |
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| review Previous | compliance documented | | | | |
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| staff | | | | | |
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